THE SURVEY

MIDMONTHLY APRIL 1948

SOCIAL INVENTIVENESS

RE HOSPITALS—E. M. Bluestone, M. D.
CARE OF AGED—Margaret B. Ryder
MENTAL HEALTH—Katharine G. Ecob

KINSEY REPORT VIEWED BY THE SPECIALISTS

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To Social Workers Only

An Invitation

FOR over half a century, THE SURVEY has been at its core a magazine *for* and *by* social workers, using that term in its broad and original context. Substantially, but not in complete measure, it has been the magazine *of* social workers.

THE SURVEY Midmonthly, as well as SURVEY GRAPHIC, is financed by publishing receipts and by annual memberships ranging from $10 to $1,000 a year.

Today over five hundred social workers and social agencies participate in our *SURVEY Midmonthly Fund* as cooperating, sustaining, contributing, and supporting members. Together they provide half of the money needed over and above publishing receipts to enhance its service to a profession which provides limited advertising potentials. The balance has been a charge on our general funds, which are exceedingly hard pressed by inflationary publishing costs.

OUR goal is so to increase membership support from social workers to a point where increasingly theirs will be a magazine, not only *for* and *by*, but *of* social work.

There are many social workers who, proud of the profession, include the pioneering service and character of THE SURVEY as part of that pride. To all such is extended a cordial invitation to membership.

To Survey Associates, Inc., 112 East 19 Street, New York 3, N. Y.

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VOL. LXXXIV NO. 4

THE SURVEY
MIDMONTHLY

APRIL 1948

What Makes Progress

Making more of what you've got is an old story for social workers. It has always been a sound operating premise that the funds, facilities, and specialized personnel would be inadequate for known needs. Often the result has been merely dilution of service, too often to such an extent that little remains of the principle upon which the service is based. This is true when family needs are budgeted and relief subsequently granted on the basis of 40 percent or less; or when the staff of a "supervised" program consists of a few high school or college students during the summer vacation. Closely akin to diluted service is the familiar overloading of professional workers—a practice costly to both staff and clients.

More constructive ways of extending and improving service have been developed in organization and administration. Mergers of agencies operating in the same or related fields have often provided more and better service because of increased efficiency and reduced drain on resources for administrative services. A by-product of the community chest movement equals perhaps its original motivation. Concentration of responsibility for financing in the executive staff of the chest has released the specialized workers of agencies for service in areas of their greatest competence. Careful and intelligent use of volunteers is another and important program which was greatly stimulated and expanded during the period of wartime pressures.

The best answers of all in better serving more people have come from resourcefulness, imagination, and reconsideration of established methods and programs. Necessity as the mother of invention has served social work well. Three articles in this issue tell of ways in which existing resources have been utilized to give more people a better quality of professional service. Dr. Bluestone tells how a hospital, by making the home an adjunct of the hospital, added the equivalent of at least one hundred beds to the institution's facilities. Skilled application of casework service, as described by Margaret Ryder, in the use of nursing homes increased both the quality of service given and the number of aged for whom these homes provided a resource. Katharine Ecob tells how mental hygiene clinics can be built by the skillful piecing together of little fragments of professional service.

It is in reporting such developments that THE SURVEY has one of its greatest opportunities for service. They are the stuff of which progress in social work is made.

Growing Family

THE SURVEY announces with pride the addition of some seventy members to its growing staff. It is hoped that within the next few months this number will increase to well over one hundred. While these new members do not appear on the payroll, they are definitely part of the editorial family.

Included in this number are a dozen SURVEY chairmen in key cities around the country. The remainder are official correspondents designated by health or welfare directors of departments in the various States and the Territory of Hawaii. About a month ago we wrote to various state directors, asking for the appointment of a representative who would be responsible for sending us information about legislative, administrative, or other developments which might have national interest. The widespread willingness to cooperate and the many expressed beliefs in the importance of SURVEY'S function were a source of real encouragement.

We are particularly happy because of the opportunity which this enlarged family provides of increasing the freshness and breadth of our coverage and also because, by this much more, the magazine is truly a cooperative effort of the social work profession.

Thomas Devine

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SO THEY SAY

CORRECTION

TO THE EDITOR: I called this morning regarding the typographical errors which seem to have crept into my article, "The Vulnerability Index," in increasing number from my first typewritten draft to the final printed page in THE SURVEY, January 1948.

I am identifying the errors which I have found and the suitable correction:

Page 5, column 1, population trend index value formula: Should read: State, 75.6; instead of: State, 57.6.

Page 5, column 1, text discussion, line following formula: Should read: City 11; instead of: City II.

Page 6, Table III, line one: Should read: Sample One, City 1; instead of: Sample Two, City I.

Page 6, Table III, line two: Should read: Sample Two, City 11; instead of Sample Two, City II.

Page 5, column 1, population trend index value formula: Should read: Specific City, x = 104.5; instead of: Specific City, x = 107.5

DOUGLAS H. MACNEIL
Director, Division of Community Services for Delinquency Prevention, New Jersey Department of Institutions and Agencies

FORWARDED BY THE AUTHOR

DEAR MISS BOYLAN: I had meant to write you already a word when your thoughtful report "Rebuilding Social Services" appeared in THE SURVEY, October, 1947. In my correspondence with Dr. Wilmer Froistad of OMGUS, Berlin, I had already earlier learned of your study of training facilities in Germany. Your warm, sympathetic understanding for the social and professional needs certainly is appreciated by those who know conditions in Germany.

The touching "Page from a Berlin Caseworker's Diary" in the February SURVEY adds another valuable information for many of our social workers and students who are becoming more interested in the international scene of our profession. I sincerely hope that the realistic description of the unending difficulties and limitations which the worker faces under such health and social conditions will find some consideration at the Conference at Atlantic City in April.

I wish to thank you for sharing your experience and thinking with all through THE SURVEY.

WALTER A. FRIEDLANDER
Chairman, Committee on International Social Work, School of Social Welfare, University of California

MY DEAR MISS BOYLAN: I was much interested to read your letter in the last SURVEY *midmonthly*, and the letter from the German social worker—what a picture she painted! I have several numbers of the SURVEY GRAPHIC, among them the special enlarged numbers. Would it be useful to send them to Germany, or to some agency here which is sending such material? I should be glad to forward my copies to the place where they might be useful.

I am sorry to bother you with this question for you must be very busy. I am not active at all in the field of social work . . . but I still read the *Midmonthly*. ELEANOR JOHNSON
Hartford, Connecticut

DEAR MISS BOYLAN: In response to your letter in the [February] SURVEY *midmonthly* magazine, we shall try to take up your challenge to the best of our ability.

If you will send me five names and addresses, I will see that they are acted upon within a reasonable length of time. If you would inform me as to the most needed literature, Catholic or secular, I shall try to procure same.

ALBERT J. MCALOON
Prevention Coordinator, Juvenile Court, State of Rhode Island and Providence Plantations

ENCOURAGEMENT

. . . Congratulations all around on the renasence of the *Midmonthly* as a readable periodical without loss of its value as an organ, primarily, of professional social workers. I trust it will help you in the difficult job of gaining larger support. BRUNO LASKER
Yonkers 2, N. Y.

TO THE EDITOR: . . . my reading is so restricted, I still use what eyesight I am permitted, to read the SURVEY GRAPHIC and THE SURVEY *midmonthly*. If there were a national poll taken on the most valuable magazine published you can rest assured I'd vote for yours. MRS. LOUIS J. AFFELDER
Pittsburgh, Pa.

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Home Care
An Extramural Hospital Function

E. M. BLUESTONE, M.D.
Director, Montefiore Hospital, New York

When a hospital limits its precious facilities to those who have been admitted within its portals, it inevitably invites ineligible patients to hospital beds, who can do as well at home. Such a policy often prevents the hospital from achieving its maximum of usefulness, though this still seems to be acceptable to those who bear the burden of the cost.

But the hospital that serves the public best does not limit its superior scientific facilities to the patient within its walls. It reaches out into the community with its wares because it has a monopoly which is vital to public health progress. Nor does its staff remain forever out of reach of the medical practitioner; it extends a helping hand to him when he needs it.

There is an area of expanding medical opportunity—the patient's home where most pathological conditions originate—which the hospital must take under its wing.

By including the patient's home in its organization the hospital can befriend doctor and patient alike, so that expert medical care will be available to everyone, rich or poor.

Only by a combination of hospital and home care under the same over-all medical management can the hospital employ its unique facilities in the field of scientific medicine to best advantage. And this it can do at less cost to the community in the long run.

Why Hospitalize?

Three major reasons for the hospitalization of a patient dominate hospital policy in varying degrees and each one of them should be reappraised at this time in the light of the newer concepts of medical practice. These reasons are, briefly:

First, *scientific necessity*. The problem presented by the applicant for admission may be too difficult for the home, because of the steady need for a highly trained staff of specialists having instruments of precision at their immediate disposal and working with highly concentrated facilities. The hospital staff commands a greater degree of expertness, and has the patient under closer observation and control than is possible to achieve in the home. Major surgery is a typical example. In any case, scientific necessity compels priority in the assignment to the patient of a hospital bed which is expensive both to construct and to maintain.

Where favorable home conditions prevail, or can be made to prevail through the efforts of good social service, this should indeed be the sole criterion for the admission of a patient to a hospital.

Second, *concentration of service to patients*. This reason has some merit, but it is related to the comfort and available time of the staff doctor rather than to the comfort of the patient in cases where a hospital bed might not, under other circumstances, be required. If this reason is established as valid, it will continue to dominate the hospital picture progressively as doctors' offices come closer and closer to the hospital. In an era of mounting hospital costs neither the patient nor the community will be able to finance the item of expense which this policy of concentration will entail. It should, therefore, be reconsidered in view of the possibilities of a less expensive extramural hospital program, in which medical care radiates from the hospital to the home.

Third, *the poverty of the patient*. The social aspects of medical care exert a strong influence on the matter of hospitalization, and patients are often referred for admission to hospitals because the family cannot afford the proper care at home. But poverty can be neutralized as a pathogenic factor in a way which is less expensive, and sometimes more effective, than by the easy expedient of the hospital bed. One might conclude, from the indiscriminate transfer of the poor patient, that the chances for his recovery are better in a well-organized hospital. However, this is not always the case; often we find the reverse to be true.

The hospital, suffering from all of the defects of its virtues, has disadvantages, as well as advantages for its patients. Structurally and functionally it is conducted on the ward principle. The management of the sick en masse, which results from the application of this principle, cannot compete with their management on an individual basis, since the hospital ward is so forbidding to the sensitive patient. And if, as some ward apologists hold, "misery likes company," then we are dealing in our hospital wards with a perverted form of the gregarious instinct.

There would be little cause for complaint about hospital policy in the assignment of beds if reasons like these were weighed carefully and applied in a spirit of justice to the sick. But, to complicate matters, there are not enough hospital beds, if we are to believe what we are told by hospital authorities. In spite of the gains of scientific medicine in recent years, which would seem to reduce the necessity for more hospital beds, we have been misguided into making these beds as popular as they are expensive. In view of prevailing conditions we must now plan to be more thrifty with those that we have. And, if we do not have enough of them, we should look for more in places where we will not have to pay the heavy price which they command. Are there any outside of the hospital walls which can be had for the asking, without doing injury to the sick and often with much benefit to them? The question that we must ask ourselves is: "How close must the patient's bed be to centralized scientific facilities and what are the requirements in each specific situation?" The extramural possibilities of the patient's home must be measured carefully and employed to supplement the opportunity provided by the hospital bed.

Ward Care

Let us examine the matter further from the seat occupied by the hospital executive. As we have seen, the necessity of caring for patients in groups, on wards, seems to be inescapable in hospitals. I refer now to the type of patient who cannot pay for his care in

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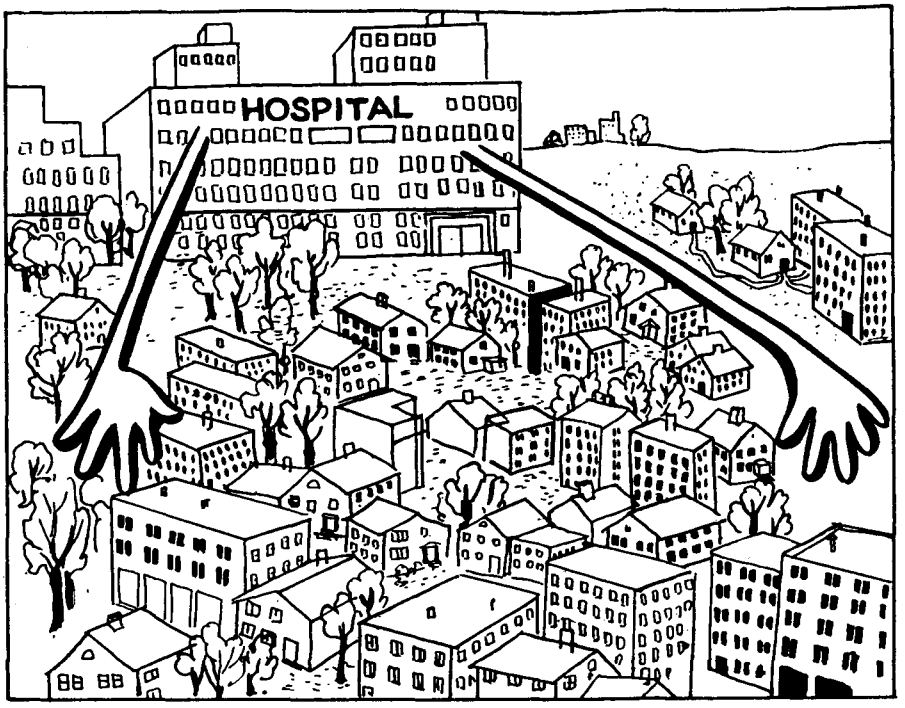

the hospital, or can only pay part of it. Ward care compels the sacrifice of individual comfort and privacy to the interests of neighboring patients in the group. Such sacrifices vary all the way from family separation and minor details like the individual response to ventilation, to the extreme form when patients die in public on open wards.

Moreover, ward care heightens the consciousness of neglect which the patient cannot help feeling when the best doctors, whose ministrations he was led to expect when he left home, pass him by for his more "interesting" type of neighbor and perhaps the one who needed a hospital bed more than he. "There ought to be a rule in every hospital," said the late Dr. Emanuel Libman, "compelling every doctor on ward rounds to sit down for at least one minute by the bedside of every patient."

There is little that one can do about such human situations under the limitations of ward care, but it is interesting to note that the home care patient, far from feeling neglected, knows himself to be the object of the special attention which he craves. The point is that ward care is not always superior to home care, as some might think. The struggle for life, which mobilizes the balance of the patient's energies, should not be handicapped by any adverse arrangements which the hospital planner might impose. He must also remember that sickness is always a humiliating, and sometimes a degrading, experience for anyone to endure and that it is not endured easiest when the patient is surrounded by strangers who might be as sick as he.

Hospital construction is a comparatively expensive type of construction and should be undertaken only after the needs of the community for intramural hospital care have been carefully estimated. At this writing the cost is about $20,000 per bed. "Postwar planning" is a good exercise in administrative skill, but we shall find ourselves overbedded in our hospitals if our plans for expansion are carried out to the last additional bed. Philanthropic hobbies which often go hand in hand with vested hospital interests, may throw the hospital pattern out of balance and should therefore be tactfully restrained and rechanneled.

We may find that we already have enough hospital beds for every person who needs one, if those that are available are used intensively, provided, however, that we take advantage of the extramural facilities furnished by the patient himself when he is subsidized medically in his own home under full hospital supervision. A bed in the patient's home, which meets the requirements of a good home-care program can immediately become a hospital bed. It is, therefore, a valuable hospital asset under certain conditions of organization and cooperation.

Balancing the Budget

Hospital maintenance, after construction has taken its toll of the hospital treasury, is high, as anyone can testify who has had to balance a hospital budget. The cost at present is $12 per patient per day in our hospital. When you think of philanthropy in voluntary hospitals you cannot help thinking of deficits at the same time, without disrespect to those who give so generously. Medical progress seems to have outstripped the ability of the philanthropist to contribute, but there is a way of relieving him of some of the burden, as we now find.

With construction and maintenance at high levels, we cannot help looking favorably toward the bed in which the patient sleeps at home. Incidentally, in hospitals where vacancies persist, there is a tendency for ineligible applicants to be drawn into them. This, however, is due largely to the fact that these vacant beds are too expensive for the hospital economist to behold. He feels constrained to justify the total number by keeping them occupied, and faces the other way when hospital beds are assigned to patients who can do as well at home. He does not seem to be quite aware, as yet, that there are more profitable ways of dealing with his problem of vacancies. He might, for example, ponder the large number of premature discharges and transfers which still characterize many of our "acute" general hospitals. It sounds paradoxical but we shall not do better till we agree that a few vacant beds are preferable to a waiting list of patients.

The hospital should never be the court of first resort except under the most compelling clinical conditions. The patient in his home environment is placed where nature intended him to be. You never saw nostalgia associated with the memories of a hospital bed.

The fact that hospital wards are safer today for patients than they were in the earlier chapters of the infectious diseases is a relative and not an absolute achievement. We can pity our ancestors in hospital management all the more because they lived with harrowing ward problems from day to day, while understanding their helplessness in the presence of housing conditions which were often the lesser of two evils.

Our wards are not yet safe enough for comfort, nor can they be made fully safe until more of the warmth of the home is transferred to the impersonal ward of the hospital. The individual private room for every patient, regardless of his ability to pay, would help, but it would certainly be prohibitive in cost and therefore prac-

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tically unattainable. Philanthropy cannot associate itself with luxuries for the poor—and it still considers the private room a luxury. We have not yet found the way to individualize the care of patients in hospital wards, but we are already in a position to do it in a home-care program.

Experimental Program

The ingredients of a good extramural hospital program present themselves as the logical outcome of applied social medicine. The typical program, and the one with which we have successfully experimented at Montefiore Hospital in New York City since the beginning of 1947, is an extramural program on an extension basis. Ward patients who can do as well in their own homes as they can in the hospital, as determined by specially trained and highly selective doctors and social workers, are returned there with a promise of complete hospital care, either in their own homes entirely or by a return to the hospital as necessary.

For the present, the program is limited to about 50 patients who cannot afford the services of a private physician. (We have had a total of about 150 to date, with an average of sixty days care for each of them.) As this program develops, however, it will add the patient who can afford the services of a private physician but not of the more expensive facilities which his condition demands. This will result in a form of cooperation between hospital and practitioner in which the practitioner will have at his disposal, more directly than ever before, all of the diagnostic and therapeutic instrumentalities in the patient's home which are now available only to the patient within the hospital and its out-patient department.

We believe that this kind of service by the hospital to the practitioner will bring both together and go a long way to resolve the age-old controversy on the relative merits of the "open" and "closed" hospital. Such a cooperative effort, where the patient's resources are limited, has long been the goal of progressive leaders in both fields of activity and, when it is established, we shall witness another triumph for the cause of scientific medicine. We believe that the home is the missing link which those who are trying to forge the chain have been seeking through the years.

For the carefully selected cases in the extramural program, where the social and medical factors are favorable, Montefiore Hospital provides every kind of service that has thus far been available only to the intramural patient. The physicians assigned to the home-care program are full time, salaried, members of the attending staff of the hospital. All of the specialties are available to them and to the patient at home. These doctors serve in-patient, out-patient and home-care patient on an integrated and continuing basis as part of the day's work and they partake of the educational and research program of the hospital, like any other qualified member of the attending staff.

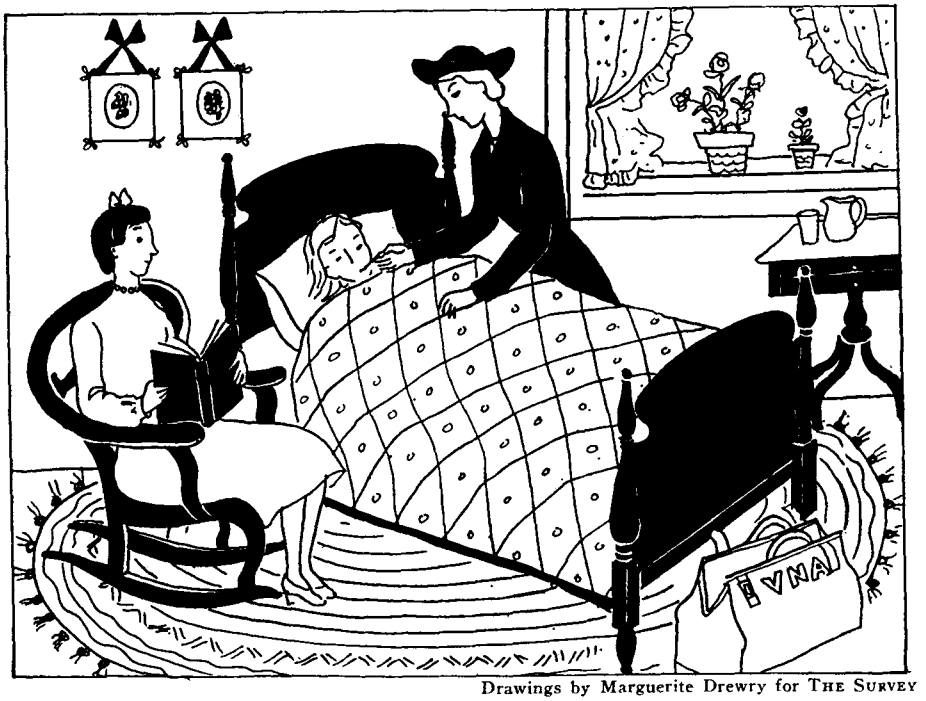
Home-care patients are entitled to "free consultations," as they call them, through participation in the teaching program, arranged as part of the service either in the home (for members of the house staff—the future practitioners—and others) or in the classrooms of the hospital (for students of the College of Physicians & Surgeons of Columbia University, with which the hospital has an undergraduate and postgraduate affiliation.) Research is likewise facilitated, because the patient is under continuous observation over longer periods of time, while occupying what is, for all practical purposes, a hospital bed. As far as the record is concerned, the clinical biography of the patient is continuous and therefore more valuable for scientific purposes.

Nursing is done by the Visiting Nurse Service of New York through a contractual arrangement. Social service is complete and shares a fruitful partnership with the physicians in the program. Housekeeping service is furnished, as it may be required, on a part time basis. Interestingly enough, the personnel is often drawn from the neighborhood where members of other underprivileged families are willing to serve the patient at prevailing rates for such service. The services of the occupational therapy and rehabilitation departments of the hospital, to mention only a few additional services, are also available to the home-care patient. Medication is provided, if the patient cannot afford it, as well as transportation to and from the hospital. It goes without saying that the patient has a priority on a hospital bed if he should require it at any time.

A 75 Percent Saving

An analysis of cost to the hospital indicates that home care is about one fourth of the cost of maintaining the same patient in a hospital bed. A saving like this should be too tempting for any hospital expansionist to overlook, apart from the other advantages of the program, such as the individualization of treatment in the home environment. The family pays the rent and food costs, among other things, and relieves the hospital of that much of the financial burden. As for the bed which the patient occupies in his home, it costs nothing for the hospital to build and one fourth of the prevailing hospital costs to maintain. Besides, it is immediately available in many cases and has the added merit of flexibility

(Continued on page 133)



Drawings by Marguerite Drewry for THE SURVEY

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Nursing Home Placement

A Casework Process

MARGARET B. RYDER

An agency serving the older client must expect a high incidence of chronic illness, which present trends indicate will increase. In every community the facilities for caring for the chronically ill are woefully inadequate, and private nursing homes are now serving a great number of patients. The adequacy of these homes depends in a large part on control of admissions, and this placement process requires special skills on the part of the caseworker. Even with the pressures created by the shortage of beds, it is still possible to use discrimination. It is not a simple process of finding an empty bed. The worker must know not only the patient's physical condition, nursing and emotional needs, but also must know the nursing homes in the community, the personality of the operator, her nursing skill, the type of patient in whom she is most interested, and the equipment in the home. Casual placement made without careful consideration reacts not only against the patient but against the operator and other patients in the home.

Nothing is more fraught with danger, for instance, than the placement arranged by telephone. If the worker has never been in the home and does not know the operator, she cannot determine whether the home is in any sense fitted to give the patient the care needed. Too often the unscrupulous or ignorant operator will promise anything. She may say there is a graduate nurse on duty whether there is or not, or that she can give treatments the meaning of which she does not even know. Either through pressures or through lack of knowledge workers in agencies and in hospitals are repeatedly guilty of making these casual placements, seemingly unaware of the dangers involved.

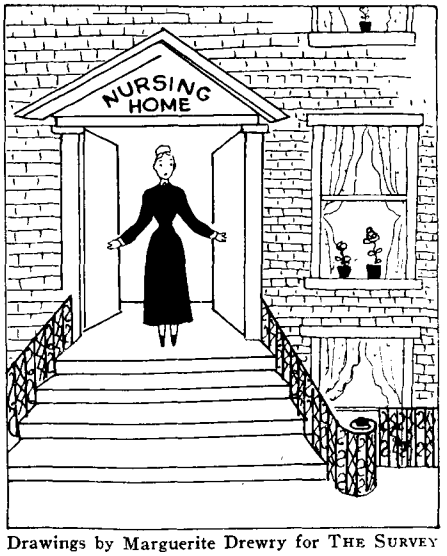
Reliance on a list of licensed nursing homes is not the answer. In one instance, the daughter of a cancer patient was given a list of five nursing homes by the hospital worker. Not a single home on this list was capable of giving the care needed. Had the hospital worker known these homes she never would have considered them. The daughter assumed that any referral made by the hospital social worker could be relied upon.

Pressure on a worker to arrange for placement in order to release a hospital bed is a fairly common reason for the casual "dumping" of patients. This may turn out to be an expensive practice when the patient has to be readmitted for weeks of expensive hospital care because of neglect. Appropriate placements may delay the discharge of a patient from the hospital and involve much work, but in the end it is not only more economical but assures the patient of some protection. Though it is often difficult to resist the pressure to make "any kind of a placement," there are times when the worker must withstand this pressure if the patient is to be considered.

A case in point is one where an emergency forced a worker to place a patient with advanced Parkinson's disease in a substandard (but state licensed) home until a bed could be secured in an appropriate home. On admission the patient could walk with help. In less than a month the patient was removed in a comatose state and dehydrated, suffering from a bedsore which exposed the spine, and pressure sores on both elbows and heels.

Limitations of Licensing

Requirements for the licensing of nursing homes vary in different states and the protection given through licensing varies with these differences. To the general public, licensing means protection, gives assurance as to the quality of service, character and competence of the operator, and the protection of the patient. Unfortunately, this is not always true. A law can specify the physical requirements, the type of structure, the number of exits. It can require a certain number of sheets per bed, but this does not necessarily mean that bed linen is changed as frequently as necessary. The less tangible criteria measure the quality of service. Evaluation of the personality of the operator, her competence, and the atmosphere in the homes does not lend itself easily to the licensing procedure.



Drawings by Marguerite Drewry for THE SURVEY

The worker who is familiar with the home through observing the treatment of the patients may know beyond a doubt that a home is not qualified. Nevertheless, to produce evidence that would hold in court and sustain the withdrawal of a license is difficult. Again, a nursing home may be qualified to care for ambulatory and custodial cases, but be incapable of caring for bed patients. Yet because it has a license it may take bed patients. The worker must realize that licensing means that a home has met the requirements of the building code, the fire department and licensing law, none of which guarantees good nursing care. Licensing has brought some protection. Through it some of the worst homes have been eliminated and better standards encouraged, but this provides only a foundation.

First Attitudes

The placing of a patient in a nursing home is a casework process. The worker usually is dealing with a frightened, anxious person, one who has heard all about "bad" nursing homes and whose greatest fear may be that he would have to end his days in "one of those awful places." To him a nursing home might well have a placard over the door, "Abandon hope, all ye who enter here." The patient may have been abruptly brought to the realiza-

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tion that he may never again be able to live independently. He feels his helplessness and is apprehensive.

Preparing the patient for placement requires time and patience. The ill person needs time to ask questions about the home, and the worker should give honest answers. In order to do this the worker must know the home. She should never paint things rosier than they are or gloss over difficulties. The only time a worker is justified in temporizing is in regard to the time element. The worker may be fairly certain that the patient may never again be able to live outside of a nursing home, but this may be more than a patient can bear and the worker is justified in talking of placement in terms of "until you are better."

The Little Things Count

Too often the worker, satisfied that she has secured the best available placement, may minimize the little things that loom so large in the patient's mind in facing an adjustment. It may be disconcerting to a worker who has moved obstacles to secure a bed in a good home to have the patient complain because the windows face east instead of west. These little things have a value to the patient which seem unreasonable, yet they may play an important part in helping him adjust to the situation. For instance, arranging for Miss W. to have prune juice for breakfast every morning made it possible for her to accept many other inconveniences. And Miss X., who was firm about having running water in her room or being placed next to the bath, asked little else of her new home.

It is important that relatives or close friends participate in planning the placement and share in the responsibility. Most people do not have first-hand knowledge of nursing homes, so that the worker should prepare the relatives, particularly if they are younger people, for the appearance of the home. It may help to know that though a home filled with ill old people may seem depressing to them, it does not necessarily appear so to the patient who is in a similar condition and who will be living with contemporaries. Relatives need to know something of the operator's personality, special strengths, and the reason for recommending this home. Then, too, they should be prepared to anticipate some negative reaction from the patient during the adjustment period and be urged to allow the operator to work through this period with the patient without interference. They should know that they must trust the operator and refrain from such practices as smuggling in things the patient demands, such as liquor or drugs.

It is sometimes difficult for the lay person to realize that an attractive house and an impressive front office do not necessarily guarantee good nursing

". . . little things loom so large!"

care. White Doric columns on the front porch are no satisfaction to the patient, although they may be to the visiting relative. A nurse in an immaculate uniform may look prettier, but a nurse in a rumpled uniform that gets that way through hard work may give the patient what he needs. The older patient, in particular, is less sensitive to his aesthetic surroundings than he is to his personal comfort.

Operators Are People!

In the placement process an evaluation of the operator is as essential as the evaluation of the patient's needs. Each nursing home is different and each is the outgrowth of the operator's personality, her special skills and her interests.

Thus an operator whose chief interest is rehabilitation of fracture cases and hemiplegias and who is never defeated by the patient's chronological age will have her home well equipped with walkers and heat lamps. She will have a staff sufficient in number to allow time for massage, for teaching of exercises, for help in learning to walk. By using her beds for the patients for whom she can do the most constructive work, this nurse is being given the opportunity to utilize her skill and her interest to the best advantage. In this way a community asset is used to the best advantage.

Miss C., aged seventy, had been in a wheel chair for three years when she had to leave a relative's home. The worker placed her with an operator whose particular skill was rehabilitation. The day after placement she was helped to use a walker. Seven months later she was walking with a cane. Had she been placed in a nursing home interested only in custodial care she could have remained in a wheel chair the rest of her life.

The worker referring patients plays an important role in maintaining standards by recognizing the assets and limitations of each home and utilizing them to a maximum degree. If an operator prefers ambulatory or senile patients who need only custodial care, help in bathing and in dressing, and does an excellent job with this type of patient, the worker should not send her a bed patient, or a patient who resists any attempt to be gotten out of bed, for the line of least resistance probably would be followed. If the patient is neglected the operator is blamed. Yet the worker who placed the patient under such circumstances may be equally responsible.

The caseworker applies the same skill in evaluating the operator as she does in evaluating her patient. First impressions are not reliable and it is only through observation that a good evaluation becomes possible. On first impression an operator may seem to be efficient, businesslike, but cold, yet as the worker knows this nurse better she finds behind her professional cloak a warmth, a strength, a forthrightness that makes her extremely skillful in handling difficult personality problems with kindness and firmness. Another

The author is a staff member at the Benjamin Rose Institute, Cleveland, known to social workers throughout the nation for its progressive work on the modern problems of the aged. (See "Meet Yourself At Sixty-Five," by the institute's director, Margaret Wagner, in the special section, "Modern Old Age," THE SURVEY, April 1946.) Miss Ryder has specialized in the institute's program of close work with nursing homes for the chronically ill.

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operator who is outwardly warm and mothering needs satisfactions from her patients and is invaluable with the emotionally starved patient, yet she cannot accept the aggressive patient. The worker may have a negative reaction at first toward an operator who is rough and murders the King's English, but may later find that this nurse has warmth and tolerance, and creates a relaxed atmosphere which the patient appreciates. Here, as in other case-work situations, it behooves a worker to be on her guard to avoid projecting her own feelings into selection of a nursing home, keeping ever before her an awareness of the patient's needs.

When the best possible selection of a nursing home has been made, it is the worker's responsibility to interpret the patient's personality and needs to the operator. The more the operator knows of the patient in the beginning the better she is able to help that patient adjust. If a patient is a chronic complainer, the worker should interpret his behavior so the operator will be prepared, and less likely to be disturbed. If the patient is frightened or has idiosyncrasies, these should be discussed with the operator, as well as the patient's emotional needs and his relationship with his family. Interpretation of the patient's behavior calls for skillful handling, since the worker must be honest yet must avoid prejudicing the operator against him. Withholding information, minimizing nursing needs or soft-pedaling difficulties that may arise only precipitates trouble. A worker who uses such subterfuges to secure a bed need never be surprised if the telephone rings and the nurse says, "Come and get your patient."

Withholding facts stores up trouble

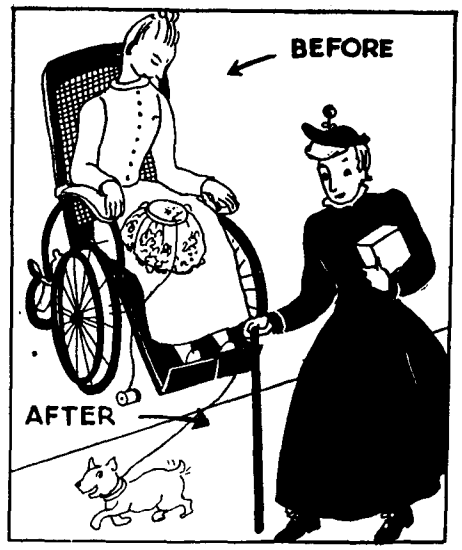
It is the referring agency's responsibility to see that the operator has written medical orders. If a patient goes from a hospital, written orders must go with him. If a patient is under the care of a private or city physician, the worker can either arrange for written orders on admission to the home or a visit from the physician, preferably within twenty-four hours. The nurse with a sense of professional responsibility wants written orders and it is unfair to any nurse to leave her without them.

After the placement is made the worker and the nurse both participate in the treatment of the patient. Each has a role and special skills which should complement one another. Working together intelligently for the welfare of the patient comes through mutual respect and the recognition of each one's capabilities, an awareness on the part of each of her area of competence, and a willingness to function only in that area.

"It's time I thought of myself"

The worker must never lose sight of the fact that the nurse is the one in charge and that to undermine her in any way is detrimental. The patient needs the security that comes through the recognition of the nurse as the one in authority, yet he continues to need the support of the worker. This requires at times a delicate balance on the worker's part. It is better for the worker not to be too active immediately following placement since the patient's first complaints and early adjustment must be worked out with the nurse.

Though the worker may at various times have to support the nurse in a controversy, it can be done in such



The operator may have special skills

a way that the patient knows that the worker's primary interest is in him.

Adjusting to a New Home

Not infrequently patients adjust far better in a nursing home than the worker or relatives anticipate. Take the case of Mrs. P. and her sister. A deathbed promise to her mother bound Mrs. P. to her older sister, an invalid, who lived in her home. In order to provide for the patient, Mrs. P. went to work to supplement her husband's earnings. The family had tolerated the sister's presence and the necessary sacrifices until the boys returned from the army and found no peace or privacy. Mrs. P. had to choose between her duty to her sister and her husband and sons. With guilt and fear she sought help. Placement was made in a home where the atmosphere was friendly, even happy-go-lucky. Mrs. P.'s guilt was relieved when on the first visit her sister said, "I should have been here long ago. You'll have a hard time without me, but it's time I thought of myself."

A word might be said regarding placement of the senile patient. Obviously a patient who is noisy, disturbed, reacting to well organized delusions, intent on running away, must be placed in a nursing home specializing in the care of mental patients. However, there are many aged individuals who are senile, confused, disoriented, who need custodial care but do not need the restrictive and more expensive care of a mental sanitarium. These patients may be quiet, harmless, and can be cared for in a regular nursing home if the operator is accepting of their behavior. The worker who

(Continued on page 134)

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Part Time Mental Clinics

A Practical Answer to a Current Problem

KATHARINE G. ECOB

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How often have you heard it lately? "We have no mental clinic. Can't find a psychiatrist or any other personnel." "Our country has a scattered population. It can't be done here." "My town's too small . . . $25,000, for a mental clinic."

All true. But there's an answer—a heartening and a practical answer: part time clinics. Recently, several pioneering towns and counties have proved that part time clinics, of good quality, can provide a surprising amount of badly needed service.

The acute shortage of mental hygiene personnel will probably be a problem for some years to come. Demand, already high, is still increasing faster than supply. We simply cannot afford to wait for that happy day when every city, county, or health district has the full time psychiatrists, psychologists, and social workers it needs. We must use our native ingenuity in the meantime: pick up pieces of valuable psychiatric time, fit in the spare hours of all the trained personnel we have, and do an enterprising job of scouring our communities for professionals who cannot take full time jobs but may consider part time work.

Part time personnel can often be found where it would be absolutely impossible to find, or pay for, full time service. There has not been so much reshuffling of psychiatric personnel in this country for years as there is today, and the offer of a part time clinic job may be the clincher that makes a psychiatrist decide to settle in your community. While developing his private practice, he will be glad to have a definite, if small, income. Ambitious psychiatrists today look for a "constellation" of three activities: teaching in a medical school, private practice, and clinic work. If you can offer any two of these, you have a good chance of attracting an able man. (Incidentally, when small places need a general practitioner, they often appoint a committee to look for one, and do a Chamber of Commerce job in telling him what their community has to offer. Why not try this same method in finding a psychiatrist?)

If you already have a psychiatrist in or near your town, you may find him surprisingly willing to consider part time additional work. Perhaps you have a well trained man recently discharged from the services, or a young psychiatrist completing specialized training in child guidance and about ready to hang out his shingle. State and private mental institutions or, sometimes, correctional institutions, may have psychiatric personnel available nearby. Though these people work full time, they are often glad to handle one evening clinic a week, or to give up an afternoon of "pass day," not only for the extra pay but for the interesting variety of work.

Psychologists may be found in your own public school system, on the faculty of a neighboring college, in teachers' training schools, in mental and correctional institutions or, occasionally, in large industries.

Psychiatric social workers are almost as scarce as psychiatrists, but a number of married or retired social workers who cannot take full time jobs will undertake part time clinic work. If you are setting up a very small clinic, you may find a social worker with a full time job who can devote one evening, or even one afternoon, a week to the work. In larger places, you may find several workers who can give a few hours each.

Using evening hours not only makes it easier for trained people with jobs to give you some part time help, but helps the operation of the clinic, too. Obviously, these hours are not for children, but they make it much easier for clients with daytime jobs to attend.

Regardless of the amount of time you can get, it is most important to pay for the service. Psychiatrists and other experts are often generous with their time, but it is fairer as well as more satisfactory to pay for it. Paid people do not go flying off to Florida just when the clinic is in full swing. Paying the psychiatrist may avoid the displeasure of the local Medical Society. Paying the psychiatric social worker is almost a necessity, for few can volunteer as much time as will be needed.

As an example of the way in which a community can do a good job with part time services, let us consider the Red Cross clinic for neuropsychiatric veteran cases in Syracuse, New York. This clinic has a contract with the VA to treat veterans with service-connected mental disabilities, and also accepts veterans whose difficulties are not service-connected, and the adult dependents of veterans. When the clinic started, a psychiatrist who had practiced privately in Syracuse for many years and was part time psychiatrist for the school system, agreed to serve one afternoon and one evening a week. Syracuse University was willing to provide psychological service. A psychiatric social worker was employed full time, screening applications in addition to doing casework. All these people already lived in Syracuse, but they had never been brought together as a team. The clinic work proved so popular that today four psychiatrists between them give fourteen hours in three sessions a week. A clinical psychologist has been added to do individual testing one evening a week, and a second psychiatric social worker has come in on a part time basis.

In Westchester County, New York, the Department of Health has refused to let its trouble in finding a full time director block development of mental hygiene clinic service. As a beginning, clinics have been opened in Yonkers and Mount Vernon. Each has a part time psychiatrist and a full time social worker. A full time psychiatric social worker on the central county staff organizes and supervises the work, and a full time psychologist works with both children and adults. Clinics in other parts of Westchester are to be opened as rapidly as possible. An interesting feature of the Westchester program is that fees for service are permissive, with the amount decided on an individual basis.

It is important to remember one point in assembling a part time team: the team must be in balance. The standard clinic unit consists of one psychiatrist, one psychologist, and two

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or three psychiatric social workers. For part time service, this unit should be split vertically, not horizontally, to include all three types of work. A half time psychiatrist, a half time psychologist, and a full time social worker, for instance, make a balanced team.

You can subdivide time into smaller fractions, if you keep that proportion, and still meet some community needs if your team is well prepared. There is one exception to the usual makeup of a mental clinic team. Clinics devoted exclusively to NP [Neuropsychiatric] veterans, who are not "run-of-the-clinic" types, need less time from the psychologist and social worker, proportionately, than from the psychiatrist.

Even a part time clinic can often serve two neighboring towns by splitting hours as they are needed. This way of bringing help to the patient's own neighborhood is often important, as it has been discovered that mental and nervous patients will not travel long distances for treatment unless the bus service is both speedy and convenient to their homes.

Part time clinics are very flexible devices for meeting special local problems. They can, for instance, fit the needs of the city of 50,000 to 25,000—too small for the standard full time unit. They can begin in a small way, as a demonstration, and grow as the demand grows. As an illustration, this is what happened in Rochester, New York, where the Red Cross, working with the local mental hygiene committee opened a clinic for NP veterans. Though the service began on a small scale, the clinic now has a panel of nine psychiatrists, each attending one or more sessions in the evening or during the day; one psychologist; and two psychiatric social workers—a total service of more than one regular full time unit. Schedules are arranged so that a patient always sees the same psychiatrist to maintain continuity of treatment.

Again, these part time clinics can reach special groups in a very practical way. Often, there is no service for such groups in the community, or the general full time mental clinic is overcrowded and needs relief. NP veterans, for instance, can be well served by part time units. Though it is probably better for the community as a whole to have veterans treated simply as citizens rather than as a special group, it is a big help to any clinic to have the cost of veterans' treatment borne by the VA as it is in these special set-ups. A VA contract makes it possible to use clinic funds for other badly needed clinic service. (If you are planning a verterans clinic, a good rule-of-thumb to remember is that those veterans willing to accept NP treatment—not those needing it!—usually represent about one tenth of one percent of the general population.)

Not all communities have realized in time how useful a part time clinic can be in meeting a special local problem. Some years ago, for instance, the Children's Court in a county with 166,000 inhabitants was getting about 10 new cases a month. When a mental hygiene committee heard that the local Junior League was thinking of donating $3,000 to a milk fund, they urged the young women to consider setting up a part time clinic for delinquent children instead. A nearby mental hospital was willing to loan staff without pay; a large local industry offered the services of a well trained psychologist with experience in child guidance; and the Court had free space and clerical help available. A salary of $2,700 would, in those days, have attracted a Grade A psychiatric social worker, and the $300 remaining would have paid traveling expenses in the county. But the League, and citizens as a whole, had not yet been educated in mental hygiene needs. The money went to the milk fund.

This unhappy story points up the need for educating the community both before and after setting up even a part time mental clinic. Demand generally precedes supply, and schools, churches, nurses, doctors, and even social agencies must be drawn into courses and discussions which will not only give people more knowledge of mental hygiene as a whole, but make them more anxious to back and to use a clinic to the full. Mental hygiene is too big a subject to be held in a tight little circle, with treatment available only to a fortunate few.

Finally, what about rural areas which cannot afford even a part time clinic?

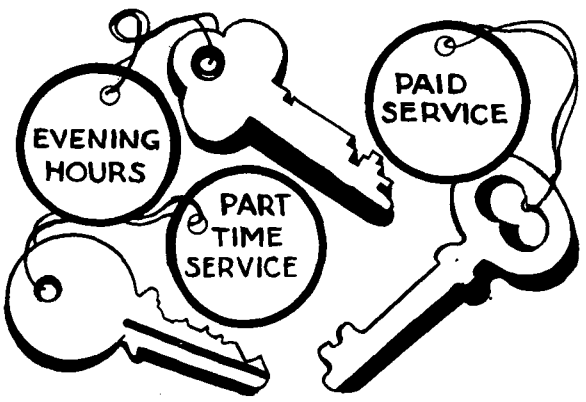
There are two possible answers for really sparsely settled counties. One is to call on a traveling clinic. The usual clinic hours are 10 to 4. By arrangement, a team may agree to take an additional case from some outlying region from 4 to 5, or two from 4 to 6. If the agency referring the case can pay a regular fee, this amounts to extra pay to the clinic staff for overtime. But it must be remembered that some states with traveling clinics will not allow employes to accept outside fees.

Another plan is for a rural area to engage a clinic team from a nearby city for an occasional visit. (If a part time social worker is available locally, only the psychiatrist and psychologist need be imported.) If no big city clinic is available, part time help can sometimes be found in a mental institution within driving distance.

The era of the privately supported mental clinic seems to be on the wane. Our only hope for more service, full time or part time, lies in more use of public funds. Today, an increasing number of clinics are being supported by cities and counties. (The county clinic, incidentally, is much the best type, since it covers more territory and can meet various local situations in a flexible way.) A few counties have joined forces to set up traveling "tri-county" clinics in very poor or very thinly settled areas. Financial help is now available from the U. S. Public Health Service, which has funds for developing community clinics and for educational work in mental hygiene.

The part time clinic, though it often begins as a temporary measure, seems here to stay. Good luck to the big cities with full time units. But good luck, too, to the small cities and country districts which have realized that they do not have to wait forever for the ideal, full time set-up; which have bravely gone ahead, experimenting and pioneering—and have discovered that half a clinic is a lot better than none.

Three Keys Open Closed Doors



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Memo for D.A.

ELEANOR LAKE

In the best detective story tradition, the D.A. was deep in a mystery. The mystery was a complex one: less sensational than a sinister murder, but far more important than any single crime to the happiness of thousands of people.

The mystery bothering San Francisco's district attorney, Edmund C. Brown, was this: Why did the Negro, who, in 1946, formed less than 5 percent of the city's population, produce almost 13 percent of the entries on the police department's crime sheet? Why did this tiny percent of San Franciscans account for almost half the arrests for prostitution, more than a third of the arrests for Narcotic Law violations, almost half the arrests for carrying deadly weapons? The D.A. wanted to know. Obviously, there was nothing more innately "criminal" in any one race than in any other. Just as obviously, something was wrong somewhere; and perhaps that something could be found and changed.

The D.A.'s worry was, unhappily, a familiar one. But unlike too many officials, he not only worried, he took action. He called in R. J. Reynolds, and asked him to collect facts about the Negro and crime in San Francisco.

Last fall, Mr. Reynolds sent a memo to the D.A. which is enormously interesting to anyone concerned over our own native DP's—the rootless, shifting influx of southern, country-bred Negroes in our northern cities.

Mr. Reynolds' main—and most significant—conclusion was simply this: that *almost the entire problem of Negro crime in San Francisco can be traced to economic causes.* Bad housing, bad jobs, unemployment, lay at the root of the restlessness, the violence, and the petty crime on the police blotter. True, lack of education and the breakdown of the secure religious atmosphere of their rural background, may be presumed to have something to do with it, too. But simple lack of economic opportunity—a standing reproach to the white people in the community—loomed like a dark, reproachful shadow back of the statistics that worried the D.A.

It was easy to discern this shadow, Mr. Reynolds found, back of the first statistic—that Negroes formed 13 percent of all the entries on the crime sheet. The Negro population, he discovered, though it was only 5 percent of the total, had actually *increased by 800 percent in seven years.* This amazing fact meant that the Negroes were hard hit by housing shortages in their restricted areas, hard hit by the inevitable fears and resentments of the poorer white people near by, and especially hard hit by the keen competition for the minority of jobs open to Negroes. It also meant, as a sudden increase like this always does, that a lot of the Negroes coming into San Francisco were the restless, roving type: many of them imported indiscriminately by worker-hungry war industries, and left floating after the war; many of them drawn by stories of easy money. A significant percentage of these people, Mr. Reynolds found, actually had a criminal background. They appeared and reappeared in the San Francisco courts, and sent the over-all figure for Negro arrest up far beyond its actual meaning.

Again, this sudden influx of uprooted and shifting people produced a disproportionate number of arrests in the "Vagrancy-$1,000 Bail" category of arrests, which is designed to allow the police to hold people for investigation. In 1945, for instance, the 5 percent of San Francisco Negroes furnished 2,000 of the 4,490 arrests in this category; and in the first months of 1947, they still supplied almost 1,500 out of 5,500 of these arrests. Even more strikingly, a far higher proportion of the Negroes than of the whites were held for bail. The preliminary 1947 figures, for instance, showed that only 31 percent of the white people arrested under the Vagracy-$1,000 Bail law were held for $1,000 bail, while 73 percent of the Negroes were. Since this law permits rearrests, which actually happen in about 25 percent of these cases, vagrancy cases may and often do produce a set of statistics that mean very little, for the same Negro may appear several times in the list for the same difficulty.

Another interesting point turned up by Mr. Reynolds—and an ironic one—was that the Negro's racial isolation and poverty make him more likely to be arrested than the white man guilty of the same offenses.

"The Negro offender is easier to concentrate upon, easier to arrest," says Mr. Reynolds. "His operations are usually individualistic, seldom involve a big outlay of syndicated capital, and are usually not disguised with remote control techniques which make other big scale operators of the same crimes much more difficult to detect or catch while they are actually operating." Horse-and-buggy methods, in other words, the petty operations of the poor, put the Negro in a much more vulnerable position. His offenses, Mr. Reynolds points out, are likely to be "amateurish and small fry."

Again, lacking the opportunities of the white Big Shot, the Negro in trouble with the law, Mr. Reynolds found, often reappeared again and again, sometimes within the same year, for the same offense. The Negro arrested for prostitution, vagrancy, gambling or on a narcotics charge seemed to know no smart dodges for avoiding future trouble, seemed to know no way of breaking out of his unhappy life to find a new one. Sitting in court, Mr. Reynolds saw the judges recognize face after face, name after name, in the sordid cases before them. Obviously, these merry-go-round repeaters raise the apparent percentage of Negroes in trouble and give a false picture of the Negro minority in a city.

The very offense for which Negroes most generally appeared in court showed, too, that economic stresses could account for much of their problem. Oddly enough, Negroes did not swell the arrests for drunkenness beyond their normal proportion in the population: the 5 percent of Negroes in San Francisco furnished about 6 percent of these arrests. Though many white people might find alcoholic amnesia the only answer to the sort of housing and living conditions into which Negroes have been forced, this is apparently not their form of escape. Rape, again, did not show up in the statistics as notably a Negro sort of crime. In other, less serious offenses like traffic violations, and infractions of city ordinances on health, fire, and

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so on, Negroes actually produced fewer cases than the same number of white residents.

But in crimes which could turn a penny for the criminal, the Negro rate was out of all proportion with the white rate! In robbery, gambling, larceny, burglary, prostitution, narcotics peddling, the Negro produced from five to eight times as many cases, in proportion, as the white resident. (Perhaps because of the small time, petty nature of his activities mentioned above, he did not, on the other hand, stand out in the statistics on kidnapping or extortion.) Studying the cases that had come before him, Judge Daniel Shoemaker remarked that he felt that much of this crime was a direct reaction to the Negro's frustration in trying to compete with white men in the economy they dominated.

One other category in which far too many Negro cases appeared was that of simple, passionate crimes of violence: not the cold cruelties of gang warfare or kidnapping plots, but direct, emotional cases like violent homicide, assault with deadly weapons, and hand to hand fighting. In 1945, Negroes (who were then only 4 percent of the population) produced more than half of the arrests for carrying deadly weapons. But—and this was an important point—Negro violence was not directed against white men but against members of their own race. It was not planned, it was not the sort of crime committed by professional gunmen. It came, Mr. Reynolds concluded, from two things.

Violence sprang, to begin with, from the friction and irritation produced by the elbow-rubbing, cramped housing in which Negroes had to live. Human experience shows that even the highest degree of civilization cracks and breaks down when human beings are forced to live like animals in a cage.

Violence sprang, too, from the culture in which many of these Negroes had been born and bred. A study of the assault and murder cases showed that a majority of the Negroes involved came from the Deep South. Texas was the No. 1 birthplace, with Louisiana and Oklahoma ranking second and third. Most of these Negroes had had little, if any, education. Most of them had spent their formative years in towns which considered them a race below and apart; and they behaved accordingly. Most of them, too, had been suddenly plunged into a culture of an entirely different kind, whose rules they did not understand. Where they came from, it was all right to knife another Negro, though not all right, of course, to knife a white man. They were just beginning to discover that the San Francisco authorities valued black skin as much as white.

It would be sentimental to pretend that all of them would have shown restraint and maturity with a different background. Mr. Reynolds remarks that the local government had no intention of "coddling Negroes of the gun-razor-toting" type. But, he adds, the government realizes "that the cure for this evil calls for much more than law enforcement." It calls for re-education on a wide scale.

Repression, law enforcement, punishment alone, Mr. Reynolds concluded, would not solve the frightening problem of Negro lawlessness in San Francisco. It was encouraging to note that the Negro crime curve seemed to be leveling off, and perhaps even turning down, as the newcomers began to adjust to the big city, began to understand its rules. It was encouraging to note that Negro leaders were aware of the situation and anxious to help, and important to make people realize that most of this great influx from the South was composed of decent, law-abiding and well-meaning, though often confused, people.

But most encouraging of all was the fact that a survey is under way to discover what can be done to improve Negro housing. Today, that housing is a crime-breeding, sordid disgrace. Most Negro crime in San Francisco emanates from the huddled, cramped houses in the "Fillmore Area." Here people with no ties of blood or marriage are thrown into the same houses; families are separated; rents have soared on dilapidated shacks; there are few decent places to have fun; and nearby stores charge as much as the traffic will bear. Fillmore, instead of parks and playgrounds and decent theaters and dance halls has gambling dens, narcotic operators, and every kind of tawdry juke joint and bawdy house. "I have been unable to determine with any accuracy," says Mr. Reynolds mildly, "the number of vice operations that are promoted in the Fillmore district."

In another Negro district—Hunter's Point—on the other hand, housing is less degrading, decent recreation easier to find. It is no accident that Hunter's Point shows up far less often on the police blotter than Fillmore. Good public housing, Mr. Reynolds feels, would do more than any single thing to redirect the wayward minority of Negroes in San Francisco.

One other thing would help: a fair employment policy. There is pathos in the simple statistic which shows that though Negroes are 5 percent of San Franciscans today, they are 30 percent of the San Francisco unemployed. Insecurity blows like a cold wind on their necks. They have fewer job opportunities, are the first to be discharged in layoffs, the last to be promoted. The California State Employment Service finds it a perennial problem to find referrals for the long lines of Negro unemployed.

From a long term standpoint, education, and a decent upbringing for the next generation in a free and pleasant atmosphere, matter enormously, too. But the two immediate problems facing San Francisco are to find respectable housing, and reasonably secure jobs for her Negro citizens. Though Mr. Reynolds pays tribute to the district attorney and the courts for their scrupulously fair handling of Negro cases coming before them, he feels that they cannot be expected to solve this problem, which goes so far beyond the law, alone. It lies on the conscience of a great and beautiful city, and on that of its citizens.

It All Depends on Where You Sit

WALL STREET STRIKERS RIOT—*New York Sun*

PICKETS BATTLE POLICE—*New York Herald Tribune*

COPS AND POLICE BATTLE IN WALL STREET—*The New York Times*

COPS CLUB PICKETS IN WALL STREET—*New York Post*

COPS KICK AND CLUB STRIKERS—*PM*

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MR. CHAIRMAN!

Private Practice: An Exploratory Inquiry

MYRON JOHN ROCKMORE

The private practice of social casework has been a thread running through the cloth of social casework for many years. As early as 1927, there had been the development of sufficient interest in the American Association of Psychiatric Social Workers to warrant the formation of a Committee on Private Psychiatric Social Work. This field, study revealed, usually involved a temporary service by social workers and concerned itself with a survey of the social situation for the psychiatrist. This temporary or even transient contribution of the social worker was most frequently employed by a psychiatrist where children were under treatment. It is reported that until 1940 the largest number of members of AAPSW known to have been engaged in full time private practice in any one year was four. Some thirty AAPSW members had been engaged for brief intervals up to that time. It is also of interest to note that in a study of positions held by AAPSW members who had been graduates of schools of social work, not one was reported as being in private practice during the years 1920 through 1936.[1]

More recently an article by two well trained and experienced social workers[2] illustrated their experience in private practice, identifying their work as "psychotherapy," with a bow to the "dilemma of terminology" and a nod to the need for a clarification of the definitions of "casework or psychotherapy." Introducing this factor is probably inevitable in view of the emphasis placed on psychotherapy in recent literature. However, for purposes of this discussion it compounds our problem, especially since there is little definition of "setting," "consultation," "psychiatric supervision," and so on. A further consideration in the article has been the use of the adjective "psychiatric" to modify "casework." To start, we might suggest some of the implications which these two points have for the profession when it considers the field of private practice.

In social work we think of "casework" as being the generic method whereby we practice in many specific fields. The specific adaptation of psychiatric casework is but one application of the generic method. We must therefore first decide whether we should, or would, like to approach the question of the private practice of casework as an extension of the practice of a specific field, such as psychiatric casework, or as a specific field in itself, such as we view family casework, child welfare, and the others. The

[1] "Psychiatric Social Work," L. M. French, The Commonwealth Fund, '40.
[2] "The Private Practise of Psychiatric Case Work," Ryerson and Weller. Journal of Psychiatric Social Work, vol. XVI, No. 4.

ROWENA RYERSON AND ELIZABETH WELLER

In the field of social work, as in such professions as law and medicine, there has been development in the direction of specialization. One of the most rapidly developing specialities in our profession is that of psychiatric social work—that is, casework practiced in a psychiatric setting. A further evolution within the latter field is the practice of psychiatric casework in a private (as differentiated from an agency or clinic) setting.

Social work, historically, has been administered under the auspices of organized institutions such as the social agency, clinic, or hospital. This linkage is probably most adequately explained by the association of social work with charity. Movement toward abandonment of the concept of charity has come with the growth of social work to a professional status with a recognized body of knowledge, methodology, and standards of practice. The traditional setting of the institution or agency, however, has been retained and, indeed, is indispensable to the administration of the majority of the social services. If, however, we accept that social work has developed to the status of a profession, is there any reason other than precedent that it cannot be practiced on a specialized basis in a private setting? The writers' experience, in fact, has demonstrated that for a group of patients and clients there are advantages offered in the private setting which are not met and possibly cannot be met at this point in the agency and clinic setting.

Previous to entering private practice, two years ago, Miss Ryerson and Miss Weller, graduates of the New York School of Social Work and the Chicago School of Social Service Administratin, respectively, had had about ten years experience, chiefly in family casework. For three years, Miss Ryerson had supervised psychiatric casework students at the New York State Psychiatric Institute and Hospital. Both had completed personal psychoanalysis . . . Lecturer in psychiatric social work at the New York School of Social Work, and consultant to the committee on psychiatric social work of the Group for Advancement of Psychiatry, Mr. Rockmore is currently director of social service, Treatment Center, New York Psychonalaytic Institute. His almost fifteen years experience in casework practice, mostly in children's and adult psychiatric clinics, institutional and community, includes four years in the military psychiatric social work program.

Before considering the advantages and disadvantages of private casework, the reader will wish to know in specific terms what this private practice of psychiatric casework involves. As defined by the writers, private practice offers casework services and treatment in a private setting and in collaboration with psychiatrists and psychoanalysts. The physical set-up is that of a private office, although contacts in the homes of patients or elsewhere are often required. Services are contracted for by direct arrangement between the practitioner and the patient or his family. Inasmuch as this is a psychiatric casework service implying the usual teamwork and consultative relationship with the psychiatrist, it is natural that the usual source of referral is the physician.

The kinds of service requested vary widely. In a review of our cases over a two-year period we find that descriptively they may be divided into three general categories: (1) cases in which the main responsibility for treatment has continued to rest with the psychiatrist, and the case-

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alternative to considering private practice as a specific field of social work would mean setting up areas of practice such as "Private Practice in Family Casework," "Private Practice in Child Welfare," as well as the presently considered example of "Private Practice of Psychiatric Casework." Then, too, in other areas we would not have the criteria for description of area of function as we do with the psychiatric social worker. For although psychiatric social work has been used in elastic connotation, it is specifically defined by AAPSW as "social work undertaken in direct and responsible working relation with psychiatry." It would not be germane to the discussion to evaluate this one example of private practice to see if it comes within this definition, since that would relate more to a psychiatric social work concern rather than a general consideration of casework in private practice. It is our position that private practice should interest the entire profession, since it can potentially reach into every aspect of social work from training through curriculum content, to administration, personnel, community interpretation and relationships with allied professions.

It is unfortunate that "casework" here finds itself in juxtaposition with "psychotherapy" or that there has been the identification of the process of private practice as "psychotherapy." The definition upon which this identity is based *is broad enough to include the activities of any layman.* It is taken from a psychiatric dictionary[3] and is considered medical terminology with attendant inferences. While the medical profession within itself would be hard pressed to agree upon a definition of psychotherapy that included more than a sweeping description of it, they would be quick to protect their prerogatives in practice, and would find considerable support in community attitudes and legal statutes to support their position. Placing casework in this position gives the social caseworker a responsibility he may find difficult to discharge, even if professional social work curricula can or should be modified to include preparation to assume such responsibility. A comparison of the curriculum of a school of social work and an institute accredited by the American Psychoanalytic Association would prove fruitful in this regard.

It may be that we will find that the development of principles for private practice in casework are inextricably related to the profession's coming of age. We have been content to refer to ourselves as a "young profession" for almost too long. It can well be asked whether the administration of social welfare programs which have in the last two decades assumed vital national importance should be entrusted to a "young profession." Social work, for all our difficulty in interpreting what we do to the community at large, has come to the point where it is established as a field in which the community places unusual responsibilities. Federal, state, municipal, and private agencies depend upon the techniques of generic casework to bring their services to individuals. Within these techniques there is an essential quality of helpfulness which people have found to be of value in meeting their reality problems. It remains a problem for the profession and the graduate schools to facilitate the bringing of this helpfulness to individuals in all walks of life who are willing and able to pay for it. The former, through developing criteria and standards

[3] Leland E. Hinsie, M.D., and Jacob Shatsky, Ph.D., Psychiatric Dictionary, Oxford University Press, New York, 1940.

work practitioner has offered some supplemental service; (2) cases carried cooperatively in which the psychiatric treatment of a patient, adult or child, has been impeded by conflicting forces created by other members of the family who have been referred to the private practitioner for treatment; and (3) cases in which the main responsibility for treatment of the patient is carried on by the caseworker under the consultation of the psychiatrist.

It is to be noted from the above description that our service differs little from that offered by caseworkers in most agencies or clinic settings. There are no situations in private practice, of course, in which the giving of money or meeting relief needs is a factor. As in the usual clinical set-up all cases are carried under psychiatric consultation. The frequency and nature of the consultation varies as determined by the needs of the case, the prior experience of the worker with similar types of cases, and the working habits of the psychiatrist. It should be emphasized that this working relationship with the psychiatrist does not imply acceptance of cases or treatment plans without the worker assuming the final decision regarding her professional responsibility and role both to the psychiatrist and patient. For example, it is not within the function of the caseworker to do psychiatric nursing or psychoanalysis.

One might ask, "Why has this branching off from the traditional setting of the agency occurred? What does it add and how is it different from what an agency or clinic offers?" At this point it is appropriate to consider the historical development of that profession with which the psychiatric caseworker is most closely allied—the psychiatric branch of the medical profession. Medical practice evolved as a private enterprise with only a fraction of the profession limiting itself to institutional practice. It is natural that the psychiatrist in a clinic setting works in collaboration with the caseworker who is functioning, as he is, within the clinical setting, subject to the limitations of function as determined by the clinic. Is it not equally logical in terms of the patterns of our culture, that a patient who has sought private consultation should be referred to a private source for services supplemental to psychiatric treatment?

There are, moreover, certain tangible advantages both for the psychiatrist and private patient. From the point of view of the busy psychiatrist, agency administrative procedures tend to create inflexibilities. For example, there are the intake and transferral systems, the difficulty of selection of an individual worker, and the frequent changes of workers. Private collaboration with the psychiatrist offers a stable working relationship with workers independent of such factors as geographic area in which the patient lives, his religion, and other limiting administrative considerations. In addition, a more flexible approach to patients' problems is possible for the private practitioner than for the worker in an agency setting. For example, in the case of a psychotic patient for whom hospitalization was strongly opposed, the worker was called upon to spend four to six hours daily (including time on weekends) with the patient; daily consultation with the analyst was also necessary. It is usually not feasible for an agency to provide such service in spite of its therapeutic value to the patient.

While the agency necessarily must be concerned with *total community needs,* the private practitioner is limited

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for practicing which can be implemented through licensing; and the latter, through the inauguration of course content related to the specific adaptation of the casework method to private practice.

The profession continues to define the techniques which are the core of social casework practice.[4] Such efforts have been all too few in recent years, with the emphasis largely on "therapy" and the gilding of social casework with adjectives such as "clinical" and the supplanting of caseworker with titles like "therapist." It may be that a portion of the profession is outrunning the broad base of social work and may wind up in private practice designated as "therapist." The resultant hybrid identity would be more than that identifiable as social casework and less than that identifiable as psychiatry. If there is validity in the method of social casework it should be applicable in or adapted to any setting, including private practice. Herein we should like to see a differentiation between private social casework and "non-medical therapy."

One experience of social workers that has not been fully evaluated which might throw light on this question has been the recent experience of social workers in adapting their skills to the military services. Using their basic professional training, they were able to relate to the "community" in which they found themselves and meet a client group representative of our population. The problems of military social work were manifold, and are not directly related to the private practice of social work. However, those who shared in this experience became more than ever convinced that they had within their professional skill the techniques to be of assistance to individuals who were having difficulty in adjusting to their environment. The relationship which was eventually worked out between social work and psychiatry in the army with a discernible structure and functions within the area of competence of professionally trained social workers was an accomplishment after the fact. Long before this administrative relationship was developed, social workers relied more on their professional skill than the implementation later made possible through official directive. In this experience there is a lead which has applicability for the social worker who would offer his services privately with full awareness of the reaches and limitations of his profession with the concomitant ethics and sense of responsibility which are the basis of professional performance. Instead of being limited by the services or policies of his agency, he will find himself limited by the resources of his community and his skill in using the method of social casework.

That all individuals have problems with which they may want or can use help is recognized. The effort of social workers to relate to this need on a fee basis would stimulate not only our efforts to reach and interpret our profession *to the community at large,* but would also give us the stimulus of problems intraprofessionally. These in turn can result in our achievement of an adulthood alongside the professions to which we now relate under agency auspices.

It has not been possible here to touch on more than a few of the questions which are implied in the field of private practice. We believe: (1) that widespread inquiry and study of private practice is necessary to the maturation of the profession; (2) that private practice should be considered as a specific field of social work endeavor; (3) that it calls for training in a specific adaptation of social casework method; (4) that criteria for and standards of such practice must be set by the profession; (5) that licensing for private social casework is essential. An over-all factor which is embodied in our concern is the element of deep responsibility which we, as a profession, have always expressed in the consideration of the welfare of the individual who comes to us for help.

[4] "The Development of Method in Social Casework," Florence Sytz, Journal of Social Casework, March, 1948.

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to consideration only of the individual needs of the psychiatrists and patient. Also, the personal preferences of the patient must not be overlooked. It is understandable that persons of adequate means who have always paid for private medical care are expected and expect to obtain services supplemental to psychiatric attention on a private basis as well.

There is considerable discussion on the part of professional persons and groups whether the type of work we have described should be called casework or psychotherapy, and by what group (psychiatrists, social workers, or psychologists) it should be administered. We believe the real problem is one of establishing facilities for adequate training for the treatment of emotional problems. In a recent article, a challenge to training centers was raised: "Is not one of the problems of common concern to both psychiatry and social work, and also to psychology, that there is little in the *required* training of the average psychiatrist, and social worker, or psychologist to equip any one of them to be a competent psychotherapist?"[1] We ourselves are in agreement with the Menninger group, who in recent discussions between psychiatrists and social workers about their various roles and functions in treatment, indicated: "There was general agreement that given the personality, training, and experience, a social worker could function as a psychotherapist under the supervision of a trained psychiatrist."[2]

In our opinion, private psychiatric casework provides a useful and valid extension of clinical practice. As mentioned in our previous paper,[3] we feel, also, that certain safeguards should accompany this extension. Among these are: (1) the setting of standards by qualified professional groups, (2) possible licensing or certification, (3) specialized training for workers entering this field, and (4) personal psychoanalysis for the practitioner. The need for general expansion of psychiatric and social services is well known. We see the development of private casework services as one step in extension of such services to groups in the community hitherto unserved.

1. Henry, Charlotte S. "Growing Pains in Psychiatric Social Work," Journal of Psychiatric Social Work, Vol. XVII, No. 3, Winter, 1947-48, page 90.
2. Beck, Edith, Boothe, Helvi, M.S.S. & Robbind, Lewis L., M.D. "A Group Discussion of the Inter-Relationship of Psychiatry and Psychiatric Social Work." Bulletin of the Menninger Clinic, Vol. XI, No. 6, November, 1947, page 206.
3. Ryerson, Rowena & Weller, Elizabeth. "The Private Practice of Psychiatric Case Work," The News-Letter of the American Association of Psychiatric Social Workers, Vol. XVI, No. 4, Spring, 1946.

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WASHINGTON BYWAYS

This page is intended to report and speculate about Washington developments in the areas of social workers' "shop talk." Anyone thus restricted to a health, welfare and education beat is apt, in these weeks, to feel something of a second class citizen among Washington observers. You find yourself covering a meeting on mental hygiene on the day Congress is reacting to the Masaryk tragedy, or interviewing someone on juvenile delinquency at the same time the President is delivering his special message on ERP and UMT. The consolation prize for newsmongering on a deserted beat, of course, is that you are received extra cordially by the people who have the news you want, since reporters with broader mandates are occupied elsewhere.

This is just by way of reminder that it is in an atmosphere of preoccupation with world events and issues that the fight for domestic issues must be carried forward.

Social Security. The outlook for social security legislation brightened considerably when the House Ways and Means Committee bottleneck (which seemed last month to preclude opportunity for any public consideration of social security issues) was eased by the creation of three subcommittees, a step which would seem to be a token of good intentions. Members of a subcommittee on social security include Representative Reed, chairman, and Representatives Woodruff, Kean, Curtis, Mason, Dingell, West, Mills, and Lynch. Subcommittees on tariff and reciprocal trade, and tax revision are chaired by Representatives Gearheart and Jenkins, respectively. These three subcommittees will greatly facilitate the work of the Ways and Means Committee, and ought to solve the mechanical difficulties which have stood in the way of getting adequate House consideration of social security issues.

Chances of favorable action in the Senate have been considered good from the start, and informed observers are now predicting that the House will extend at least OASI coverage to farm workers, employes of charitable organizations, and municipalities.

Political Note. Incidentally those observers who calculated that the Wallace campaign would at least have the fine effect of jarring loose some congressional votes for domestic issues, like social security, minimum wage, and the civil rights bill, by throwing a scare into candidates for reelection, should review their calculations. It is now abundantly clear that Mr. Wallace's advisers are not interested in domestic issues, and that the only scare they want to throw is with respect to congressional votes on ERP and foreign policy. Present indications are that while the Wallace boys cannot hope to elect their own candidates, they will enter them in every bailiwick where the incumbent has voted "wrong" on Greek aid and ERP, regardless of domestic record. Helen Gahagan Douglas of California, Senator Edward Martin of Pennsylvania, and others who have fought courageously on every domestic issue for which Wallace professes to stand, have been served notice that they will be faced with three-cornered fights unless they capitulate on their congressional stand for ERP.

Reorganization Plan. By a 58-25 roll call vote, the Senate killed the President's Reorganization Plan No. 1 which would have put the USES and the unemployment compensation program in the Labor Department. The Senate vote defeated the majority report of its own Labor Committee, which had voted 9 to 4 in favor of the transfer. Senators Ives, Taft, Jenner, and Donnell opposed the President's plan in committee. Senator Donnell led the fight against it on the floor. The floor fight for the plan was led by Senators Ball, Murray, Moore and others. Little of the discussion of this complicated issue made the daily press, but any student of social trends should read the proceedings in the Congressional Record for March 16, pages 2981 to 3007. As an illustration of the confusion—both honest and willful—that besets public debate on social issues, this one is hard to beat.

Minimum Wage. To date, nothing is doing in Congress on minimum wage revision. S.2062, introduced by Senator Thomas of Utah, providing for a 75 cent minimum, has not yet been scheduled for hearings. Rumor has it that Senator Ball intends to introduce a bill of his own, with possibly as low a minimum as 60 cents and industry-committee flexibility within a 50-70 cent range. With cost-of-living figures where they are, even a 75 cent minimum would be only of academic interest to most industrial workers, and a 60 cent minimum would put a floor under wages only for those workers now at the very bottom of the scale.

Workers' Education. House hearings on the Labor Education Extension bill are now scheduled for four days beginning April 13, before the Education subcommittee (McCowen, R., Ohio, chairman) of the Committee on Education and Labor. House sponsors of the bill, H.R. 4078, are Madden (D., Ind.) and Tollefson (R., Wash.). Senate hearings were completed last month. Some kind of bill is likely to be passed this year, though there is some hint of amendments that would distort the presently accepted philosophy of workers' education, as expressed through this program.

The pattern for this bill is borrowed from the agricultural extension program. Should it become law, and should social security be extended to farm workers, both in this session of Congress, it would be an interesting coupling in view of the rural-urban conflict of which American legislators are so conscious.

World Health. One possible explanation of tabling the bill providing for participation in WHO, is that Congress would like to put all our UN commitments in one basket, rather than have them coming up piecemeal, so they could see them in relation to their total cost. The various specialists, however, point out that separate consideration of non-controversial activities like this one permit of accomplishment in some international cooperative endeavors while the hot controversial issues are being debated in the Security Council.

Nora Piore

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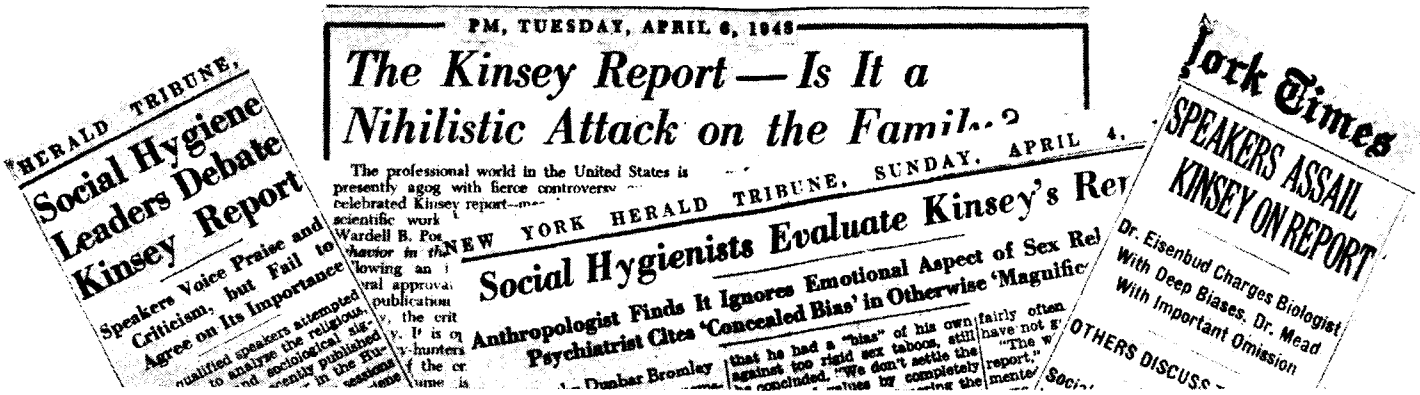
HERALD TRIBUNE,
Social Hygiene Leaders Debate Kinsey Report
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PM, TUESDAY, APRIL 6, 1948
The Kinsey Report — Is It a Nihilistic Attack on the Famil..?
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Social Hygienists Evaluate Kinsey's Re
Anthropologist Finds It Ignores Emotional Aspect of Sex Rel
Psychiatrist Cites 'Concealed Bias' in Otherwise 'Magnific
York Times
SPEAKERS ASSAIL KINSEY ON REPORT
Dr. Eisenbud Charges Biologist With Deep Biases, Dr. Mead With Important Omission
OTHERS DISCUSS

Specialists and the Kinsey Report

KATHRYN CLOSE

Ten years ago a biologist embarked upon a scientific undertaking. Today the first of eight volumes to be published on the results of his and his associates' studies is second from the top on the nonfiction best seller lists. "Sexual Behavior in the Human Male," by Alfred C. Kinsey, Wardell B. Pomeroy and Clyde E. Martin, a study of the sex activity of 5,300 white men and boys, has had one of the most remarkable receptions of any research work to come off the scientific press.

The very title of the book indicates that it holds implications for all the professions concerned with human relations. But popularity cannot be used as a gauge of scientific merit. What meaning, then, does the Kinsey report hold for scientific disciplines and what will be its lasting impact on society?

In the belief that facts must be produced in perspective to have meaning, the American Social Hygiene Association last month devoted two days of its three-day annual meeting for social hygiene executives to a discussion of Professor Kinsey's research methods and the implications of his findings for the various fields of social science and the public generally. Two hundred persons professionally concerned with human behavior or medical or social research attended the meeting on special invitation.

Featured speakers included two physicians, two sociologists, two clergymen, a psychiatrist, a psychologist, a statistician, an anthropologist, a lawyer, and an educator. Their approaches were as varied as their personalities and the disciplines they represented. "Each parent will find in the Kinsey report what he is looking for," said the psychologist, and for "parent" he might have substituted "speaker."

This article reports a recent two-day conference sponsored by the American Social Hygiene Association on the book, "Sexual Behavior in the Human Male," by Alfred C. Kinsey, Wardell B. Pomeroy and Clyde E. Martin. Full proceedings of the conference, now in the process of publication, will sell at approximately $2 a copy, from the association, 1790 Broadway, New York 19.

Somehow the Kinsey report seems to evoke the same kind of intensity of response as a raw oyster—either of like or dislike, but definitely one way or the other. While all but one speaker acknowledged the tremendous contribution Professor Kinsey has made to research, battle lines were drawn at the point of his interpretation. Morality was the controversial issue in spite of the fact that the work under discussion was, in the words of Dr. Walter Clarke, the association's executive director, "a serious scientific effort to describe the sexual conduct of human beings in accurate, non-emotional terms," and in spite of the scientific and professional character of the assemblage.

The moral issue centered around a number of questions posed from the platform as well as from the floor. Was Professor Kinsey actually dispassionate in the presentation of his materials or did he in his very lack of evaluation present an animalistic philosophy of sex? Did he and his associates act irresponsibly by allowing such widespread dissemination of their findings? Was he to blame for the "unscientific" publicity in the public press? This last question kept cropping up irrelevantly throughout the sessions, even though two physicians who know Professor Kinsey well testified that the publicity was spontaneous, coming in a flood when the authors released reporters from a ten-year promise of silence.

Moral controversies, however, did not obscure the interest in Professor Kinsey's scientific methods—particularly in his interviewing and research procedures. These, too, had their protagonists and antagonists. Praise seemed to outweigh criticism in respect to the interviewing methods, while the sampling procedures used in the collection of data came in for heavier censure.

The stage for discussion was set by the initial speaker, Dr. George W. Corner, director of the department of embryology, Carnegie Institution of Washington, and chairman of the Rockefeller Foundation's Committee on Research in Problems of Sex, which since 1942 has been financing the Kinsey inquiries. Dr. Corner traced the historical development of the report, described Professor Kinsey's interviewing method, and summarized some of his major findings. (See boxes, pages 114 and 115.) He told of how the Indiana biologist had first written of his work to the Committee on Problems of Sex in 1940, when he had already accumulated 1,700 histories; and of how the committee, after giving the study some backing in 1941, had later enlarged its support on the recommendation of three of its members who

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had visited Professor Kinsey to examine his methods.

METHODS

Dr. Corner had only the highest praise for the Kinsey method of interviewing, which he had witnessed at first hand in two instances—once when he himself was being interviewed to provide data for the report and once when he sat in on an interview of a person "from society's lowest stratum." He maintained that the method has been worked out in such intricate detail that it comes "as close as is humanly possible" to gaining accurate information on sex behavior. Much of this effectiveness he attributed to techniques for dealing with tendencies to withhold information or to brag. No one, he declared, has a right to make any public comment on the Kinsey interviewing method unless he has subjected himself to a Kinsey interview.

In commenting on the report's rather startling findings in regard to frequency and patterns of sex activity, Dr. Corner suggested that knowledge of these facts can be used toward the better guiding of human conduct.

More reserved in his praise of the Kinsey interviewing method than Dr. Corner and definitely disapproving of other aspects of the report was the psychiatrist who spoke at the same session. This was Dr. Jule Eisenbud, associate in psychiatry at the College of Physicians and Surgeons, Columbia University. Though he commended the interviewing method for its depth and scope "as far as consciously remembered material goes," he found an imperfection in its inability to elicit forgotten experience — early activities which sometimes cannot even be recalled in several months or even years of psychoanalytic treatment. Maintaining that no ordinary interviewing technique could successfully plumb for this material, he suggested the possibility of carrying on a control experiment in which persons of all ages would be subject to interviews under amytal narcosis or hypnotic regression. He expressed the belief that the inclusion of such experience in the data would raise the incidence figures in the Kinsey report on childhood, adolescent and post-adolescent activities, but would probably not change the rest of the findings to any great extent.

The psychiatrist leveled his sharpest criticism at Professor Kinsey's interpretation, which he found implicitly evaluative in spite of the biologist's claim to a scientific, non-evaluative approach. Evaluation, he maintained, exists in all of Kinsey's implications as to his subjects' personal adjustment, as when the phrase a "skilled and scholarly lawyer" implies a well-adjusted person; but in such instances has no basis in pertinent material. He also deplored Professor Kinsey's frequent inferences based on his subjects' statements of direct motivation, thereby ignoring the "firmly established precept of psychiatry" that the major determinants in an individual's sexual behavior are entirely unconscious.

"Professor Kinsey lulls you into the theory that you are getting nothing but facts," said Dr. Eisenbud, "but his statement that he has no bias may be a bias for a purely biological view of sex."

The psychiatrist decried as specious the biologist's denial of norms and his attempt to describe normality as a "normal curve of distribution." Comparing the sex activity curve with a curve describing eating habits, he declared that factors other than the physical are involved at the extremes of both. Yet "Professor Kinsey gives us no indication whatsoever that the higher frequencies represent very morbid conditions nor that very low frequencies are the result of inhibiting factors."

Dr. Eisenbud also charged Kinsey and his associates with manipulating their data—seeing causative relationships of factors which may only be parallel, as in their correlation between premarital petting and later adjustment to marriage. He also quarreled with the report's statement as to lack of evidence in respect to sublimation, hinting that such evidence might have turned up if the interviewers had asked the right questions. Pointing out that sublimation, if it exists, is an unconscious diversion of sexual energy, he suggested that the Kinsey interviewers include questions as to the relation of periods of sexual activity to periods of athletic or artistic activity.

Dr. Eisenbud was skeptical of current predictions that the Kinsey report

Some of Dr. Kinsey's Findings

as summarized by Dr. George W. Corner

1. There is much greater variation in total sexual outlet than has been generally thought.

2. Both very low and very high rates of total outlet occur in persons who are well-adjusted and effective citizens. Such terms as "frigid," "over-sexed," "excessive," refer to points on a curve which is continuous from its low to its high extremes.

3. Frequency of total outlet varies with age, reaching its highest level in late adolescence and dropping off gradually after thirty.

4. Sublimation, if it exists, is rare. Dr. Kinsey found no clear-cut proof that sexual energies can be voluntarily diverted to art, literature, science, religion or other high-level activities.

5. The rate of total sexual activity tends to be higher in men who attain puberty early.

6. There is wide difference in the pattern of sex behavior and in moral and esthetic attitudes toward it, at different educational and occupational levels of the community.

a. Masturbation, nocturnal emissions and heterosexual petting are more frequent among high school and college educated men than among the less educated, while premarital intercourse is more frequent among those of grade school education.

b. Married men of the lower occupational and educational groups when young find a considerable part of their sex outlet in extramarital relations, but with advancing years become increasingly limited to their wives; while the reverse is true at the college level.

c. Sex practices accepted at the college level and even recommended by marriage counselors may be considered downright perversions by the grade school level.

7. The incidence of male homosexual behavior is higher than generally supposed, but it is seldom the expression of an innate fixed pattern.

8. The general sexual patterns of the younger generation are nearly identical with those of the older generation, the data giving no sound basis for thinking that the younger generation has become more active in its sexual contacts.

9. An individual's orientation toward sex is established in early childhood.

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The Interview Method

as experienced by Dr. Corner

The subject is put at his ease at once by Dr. Kinsey's impersonal and yet agreeable manner. The first questions are of routine character, answerable without embarrassment. That absolute secrecy will be maintained is emphasized by the general atmosphere of the interview and by the appearance of the record blank which is freely exposed to the subject as the interviewer makes his coded notations upon it. . . . Dr. Kinsey manages also to convey, early in the interview, the comforting assurance that he has heard the same sort of things before and that he is collecting facts, not sitting in judgment. . . .

The two interviews in which I participated were conducted at a businesslike but unhurried speed. Both I myself and the other individual whose responses I heard were given time to reflect and were put under no pressure to make snap decisions. An occasional question was followed up by another in rapid sequence in order, no doubt, to detect inconsistencies or otherwise circumvent error. There were surprises in the sequence of questions, and unexpected recurrences to themes already discussed. . . . The subject is aware from the first that he is being dispassionately studied by a well-informed scientific man . . .

The tendency to suppress or cover up relevant information breaks down before the extraordinarily persistent questioning of the expert, who knows just how and when to follow an unsatisfactory answer by another question whose bearing on the first may not at once be apparent to the subject. It must be emphasized, however, that the interviews, as I saw them, by no means were contests between a prodding questioner and a reluctant victim. It is a major part of Dr. Kinsey's success that he is able to make his subjects feel that they are contributing, without loss of dignity, to a useful scientific study.

I will not pretend that the experience is without strain for the subject. His reaction necessarily depends upon his capacity for detached introspection and upon the strength of his emotional reactions to the awakening of old memories and to the revelation of his intimate behavior to a second person. . . .

—with its information on how others behave—will alleviate the tensions in psychologically disturbed persons. He told of how a few of his own patients had "pounced on it eagerly, looked up the frequency tables and then forgotten about it completely." This, he said, was what he had expected for "you can't cure an emotionally disturbed individual simply by telling him what he does is alright." He expressed more hope for its preventive effect on future generations who, as its information becomes general knowledge, may be less apt to develop guilt reactions over sex activities.

STATISTICS

Technical assessments of the Kinsey report from the statistician's viewpoint were brought to the conference by Clyde V. Kiser of the Milbank Memorial Fund, and Professor John W. Riley, Jr., of the Rutgers University faculty. Though both paid compliments to the enormous scientific significance of the study, they pointed out that certain statistical procedures, particularly relating to sampling, raised questions which were probably to be expected in a pioneering work of such magnitude. As Mr. Kiser put it: "One does not expect the newly-broken land of the frontier to have the well-tilled and neat appearance of the farms in long-settled areas."

Mr. Kiser said that the soundest conclusions of the study were probably those based on data from the college-level group, and that the conclusions for the other two groups should be regarded only as "suggestive indications." His opinion was based partly on the discrepancy between sizes of samples from the three groups. The question on intercourse with prostitutes, for instance, was answered by 2,815 persons of college education, 484 of high school education, and 661 of grammar school education. Mr. Kiser pointed out that the two latter groups were too small "to withstand much in the way of finer subdivisions" which is necessary to Kinsey's "taxonomic approach"—an approach primarily concerned with measurement of variations in sub-units of a group. Thus the value of estimates for all white males in the United States is considerably diminished.

The second count on which Mr. Kiser based his opinion as to the greater reliability of the college-level data also rose from discrepancy in size of sample. This, he said, assumes importance when it comes to the procedure involved in the use of "stratified sampling." When stratified samples are being used for statistical study of given subdivisions, proper weights relating to the proportionate distribution of the samples within the whole must be introduced for estimating the average experience for the whole. At this point, according to Mr. Kiser, the report "leaves much to be desired." For when the results for educational classes are weighted according to the proportionate distribution of the educational classes in the United States, the heaviest weight must go to the rates which in the Kinsey report are based on the smallest samples, those of less than college attainment.

Mr. Kiser fortified this point by implication in his comments on the importance of "inadequately described" sample groups. Data from the sixty-two groups ranging from college fraternities to mental and penal institutions which provided records for 100 percent of their units, would be more valid, he believed, if the samples had been analyzed separately, or even if the numerical or proportionate importance of each were given.

In his discussion of Kinsey's analyses, Mr. Kiser noted a tendency to play down evidence of instability of sex pattern, and to be too conclusive about the stability of the pattern from one generation to another. All experience for a given age group has been combined in the study regardless of age of subject at the time of interview. In a comparison between the older and younger generations, Kinsey registers an upward trend in petting, masturbation, and nocturnal emission, but not much change in the incidence of premarital intercourse, intercourse with prostitutes, and homosexuality. It was Mr. Kiser's contention that here Kinsey has failed to take time trends into

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account, and that, in fact, in the incidence of premarital intercourse in the 15-19 year old range, there is considerable variation between older and younger generations.

Professor Riley, speaking at a luncheon session, questioned the use of the stratified or "judgment" sample as opposed to the random or "probability" sample. In the latter, he explained, the mathematical theory of probability can be applied to indicate the levels of significance, limits of confidence or probable error, but in the former the amount of error or element of unrepresentativeness cannot be measured—it becomes simply a matter of judgment.

Two biases, Professor Riley said, may enter into the use of the judgment sample—the "accessibility bias" and the "dispersion bias."

The first bias, he explained, refers to the likelihood that the researcher will select readily available "units" for study, neglecting those more difficult to obtain. If the units show differing characteristics according to their availability, serious biases may enter in. In the Kinsey studies, over half of those interviewed volunteered to do so, after hearing a lecture on sex, coupled with promotion of this specific project. The fact of attendance at such a lecture is selective, explained Professor Riley, and the fact of volunteering further intensifies the selectivity. He raised the question of whether it might not be assumed that people who both attended the meeting and volunteered to be interviewed, had a different, perhaps greater, interest in sex than others, or at least were more willing and anxious to discuss the subject. The issue here, according to Professor Riley, is whether the sex behavior of accessible subjects would be expected to differ in any way from that of the relatively inaccessible.

The dispersion bias refers to the tendency of the sampler to select or notice more of the dramatic or extreme cases than those in the so-called middle range. Referring to Kinsey's expressed aim "to get every kind of history," Professor Riley pointed to a list of thirty-two types of interviewees as evidence that the Kinsey group had leaned over backward to get diversity, and might be open to the charge of dispersion bias. He based this on the number of types appearing on the list which might be supposed to be poorly adjusted sexually, such as pimp, prostitute, thief, and the number which by reason of profession come into contact with behavior problems of various kinds, such as psychiatrist, social worker, and marriage counselor.

On these grounds, Professor Riley objected to Kinsey's statement that the many questions on sexual excesses, "taboo" activities, and the like, asked by those being interviewed represent the "everyday sexual problems of the average individual." He contended that no conclusive delineation of the average individual was presented.

Professor Riley maintained that the greatest shortcoming of the study from the point of view of sample data was the extent to which results had been projected into over-all national figures. Though Professor Kinsey himself sees this as being of secondary importance to the accumulation of data on variations in sex behavior in segments of the population, Professor Riley predicted that the real impression of the report on the public will be in terms of its generalizations, and that Professor Kinsey "jumped the gun" by drawing national figures on incomplete data. He concluded, however, that on the whole "the report's lack of preciseness from sampling errors is not an important shortcoming."

Statistical Procedures

Data from about 300 questions asked of each interviewer were entered on history sheets in carefully worked out and closely guarded code and then analyzed on a basis of twelve breakdowns: sex, race-cultural group, marital status, age, age of adolescence, educational level, occupational class of subject, occupational class of subject's parents, rural-urban background, religious group, religious adherence, and geographic origin.

A total of 698 samples were taken, the size of each being determined through calculations on samples of varying sizes. Final calculations were accepted if the smallest sample of a grouping differed from the largest by 5 percent or less, except in respect to incidence where only 2 percent variation was allowed.

A stratified sampling technique was used—taking fairly equal samples from each of the ultimate groups regardless of relative size of group in the population as a whole. To check on representativeness of sample, partial sampling was compared with the 100 percent sampling among the 62 groups in which every person gave a history. The latter accounted for 26 percent of the total number of histories in the study.

Calculations for findings on a national scale were accomplished by weighting data from each group in proportion to size of group in U.S. Census and totaling the weighted results for all groups. The authors state that these calculations "should be taken as approximations . . . although they undoubtedly show the general locus of the incidence and frequency figures, with plus or minus errors of some few percent."

LEGAL AND SOCIAL ASPECTS

With the appearance of a lawyer and an anthropologist on the platform, the emphasis shifted from a discussion of the Kinsey methods to a consideration of the possible impact of his findings on society and its institutions. The lawyer, Fowler V. Harper, visiting professor of law, Yale University, maintained that the Kinsey report only reemphasizes the fact that "the law is obviously out of touch with reality."

"The charts indicate," he pointed out, "that the sex life of most human males is largely criminal. If law and behavior are going to conform, one or the other must be changed."

Only the people who make the law can revise it, he reminded his listeners, and those are "the same 95 percent" who break its dictates. However, since "the moral conceptions and inhibitions of our society constitute the soil which produces the law," change in the law will occur only as these concepts change.

Frankly skeptical of the ability of the law to affect personal relationships, Mr. Fowler cited the present disregard of the intent of divorce laws as an example of the inconsistencies which arise between the written law and its application under attempts to legislate morals.

The anthropologist, Margaret Mead, associate curator of ethnology of the American Museum of Natural History, New York, attacked the Kinsey report as offering society "nothing to build with." Though it "tears down and clears away some unnecessary rub-

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ble," it provides no foundation for constructive action, she charged.

Calling the report "puritanical" because its biological approach leaves no room for any suggestion that "sex can be fun," she predicted that because it follows the modern American trend of considering the body in terms only of health and physiological necessity, it would be extraordinarily destructive of psychic well-being. "The Kinsey report is not daring. It does not talk about the emotion of sex, its meaning to people. . . . We need to think more about sex as a part of interpersonal relations."

Miss Mead conceded that in making it possible to discuss sex taboos, the report might have a salutary effect on efforts to create a better relationship between common behavior and mores. However, she warned of the danger that its unpatterned nature might promote the idea that patterns of conduct are unnecessary. "There are no people in the world," she declared, "without sex patterns to protect children and to provide a reward for men to stay at home."

The conference's consideration of the Kinsey document in relation to the public health centered on its value for venereal disease control programs. Dr. John R. Heller, Jr., chief of the venereal disease division of the United States Public Health Service, declared that in general it was too early to draw inferences from the report to motivate great changes in the present program. Such action, he said, will depend not only on the nature of Kinsey's completed data but also on the results of further study and analysis of present data.

Dr. Heller indicated that the chief values from the report for VD control might prove to be direction of case-finding—"one of the most important current instruments for VD control" —and a contribution toward improved quality of interviewing in this field. He referred to Kinsey's finding of greater incidence of extramarital intercourse in the eighth-grade level, as a possible direction for case-finding toward this group. In general, he added, the enormous amount of sex activity, as reported in the Kinsey volume, indicates a greater VD potential than has been previously estimated, "especially in the lower educational, social, and economic groups."

He described an experiment in the Hot Springs Medical Center, where Professor Kinsey has worked with the staff on ways of improving the quality of their interviewing. This work has been directed toward inducing objective, unprejudiced attitudes on the part of the interviewer and the possible usefulness of determining the patient's sex behavior pattern, before getting names and addresses of sex partners. Preliminary data, according to Dr. Heller, show better performance of the interviewers, which suggests that Kinsey's interviewing technique may have great value to various fields. Kinsey's finding that wide variations of social attitudes about sex exist at various educational levels, is a valuable tip for these interviewers, he said, since it stimulates awareness that the pattern of the patient may not be the pattern of the interviewer. The Kinsey confirmation of VD studies showing high rates of sexual activity in individuals, increases the necessity for VD interviewers to be alert to "sexual athletes." Although public health officials have so far not been impressed with homosexuality as a factor in the spread of VD, the findings indicate a need for interviewers to be aware of such possibilities.

Dr. Heller also expressed his belief in the value of the book's popularity, for, he said, the effect of widespread dissemination of knowledge is in the long run always salutary.

MORAL CONCERNS

Implied and explicit charges of moral irresponsibility on the part of Professor Kinsey and his associates emerged in a session at which the chief speakers were a Roman Catholic priest and a sociologist, the latter being the more bitter of the two in his denunciations of Kinsey's works.

The priest, the Reverend Harold C. Gardiner, S.J., associate editor of the Catholic magazine *America,* questioned the authors' right to throw open their findings to the general public rather than confining them to scientific circles. The fact that the report has been allowed to become a best-seller has resulted in interpretations that Professor Kinsey himself would probably repudiate, said he.

Father Gardiner maintained that the most serious misinterpretations arise from Professor Kinsey's use of the word "natural" to describe a frequent response to a familiar urge. This, said the Jesuit, takes no account of another meaning of the word—that which is in consonance with the full development of personality. Kinsey and his associates, he charged, imply that the term "natural" in its frequency sense is synonymous with the term in its moral sense; and he warned against the danger that young people, bewildered by the confusion of the two definitions, might be led into experimentation that will prevent their achievement of "true naturalness." According to the teach-

The Law and Sex Behavior

Fowler V. Harper

There is nothing particularly unique about the glaring inconsistency, highlighted by the Kinsey study, of a practice on one side of the street and a creed on the opposite side. And this is particularly true in the area of human behavior involving the relation of the sexes to each other. . . . This disparity between behavior patterns and legal theory is not more conspicuous in the facts which Kinsey has dug up than in other phases of the relations of men and women. Practically the entire law of marriage and divorce consists of fictions to give it a superficial conformity with ethical and religious norms which every sophisticated student knows to have little relation to the facts of present experience. . . .

Law, however, is not changed by argument. It is changed by necessity. . . . Except for critical periods the rule is one of inertia. The old values are encrusted in the law until they are literally forced out by the sheer necessity of events. . . . The human mechanism is tough; the legislative apparatus delicate. We don't control thought and desire through legislation; we control legislation through thought and desire. The moral conceptions, taboos, emotions, inhibitions, these constitute the soil from which spring the postulates and major promises of the law. . . .

If there is to be widespread modification of our sex laws, society must first be emancipated from the old ideas and values embodied in these postulates. That, I suppose, is the task of the Kinseys, the Pomeroys, the Martins and other investigators and scholars as well as educators, propagandists and reformers. When, but not until, the substitution of the new for the old is achieved, the law will adjust its dogmas to conform.

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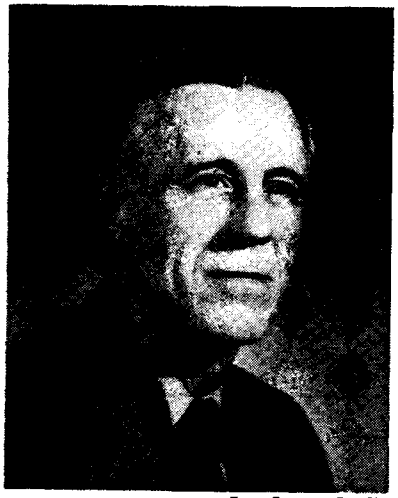
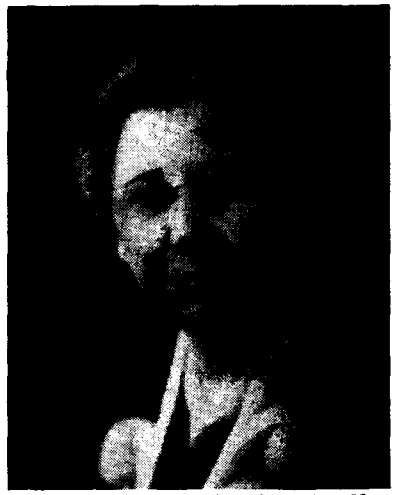


Jay Storm Studio

Lawyer Fowler

Underwood & Underwood, N. Y.

Doctor Corner



American Foto-News

Educator Bond

ings of the church, Father Gardiner explained, emotions must be under control if the fullness of human development is to be attained. He spoke of the power of example over the young, suggesting that this might be broken down by the indiscriminate knowledge of Kinsey's frequency figures.

In response to the theory that the report points up the necessity of changing laws regulating sexual behavior, the Jesuit priest maintained that "moral laws are immutable." If firebugs ran rampant in New York, we would not abrogate the laws against arson, he argued.

Father Gardiner saw the possibility of constructive results from the Kinsey publication if it effects invigorated efforts on the part of professional and church groups to provide proper sex education to the young. However, he expressed fear that the widespread dissemination of the findings may defeat this possibility, for "as knowledge and training in sex become everybody's responsibility, they are likely to become nobody's responsibility."

The most consistently disapproving critic of the Kinsey report in the two days of discussion was Carle C. Zimmerman, an associate professor of sociology at Harvard University. He not only denounced Kinsey's "irresponsibility" in making public his findings, but declared the report to be an attack on the institution of the Western family. Calling it "an expression of the revolutionary anti-family behavior of our times," he predicted that it will speed up society's movement toward a crisis in the family.

To show how society's sex mores had arisen from the dependence of civilization on family stability, he traced the history of crises in the family structure from early Greek days to the present. Of the four crises which threatened the Western family during the course of history, the present is the most serious he said.

Professor Zimmerman's main quarrel with the Kinsey report concerned the authors' apparent dissatisfaction with prevailing sex norms and belief that these should be reoriented toward reality.

"We have a right to ask the backers of the report what they plan for the future," he suggested. Reviewing some alternatives to present mores he rejected them all: an approved increase in prostitution would put society in the hands of overlords and gangsters; a relaxation of views on homosexuality would build up socially irresponsible classes primarily interested in pederasty; a recommendation for an increase in premarital relations with "girl friends" would aggravate an already serious situation detrimental to the future of the girls involved; an accepted increase in adultery would threaten husband-wife relationships. "Modern women are simply not going to stay home and rear families unless the responsibility is jointly that of themselves and of husbands who at least *appear* to be trying to act seemly."

Maintaining that the Kinsey report is based on the "sex is just another drink of water theory," Professor Zimmerman declared that it was "ludicrous" for a biologist to be hired to report on "the basic family and social problem of our time."

Breaks in the family system occur, the Harvard professor explained, in any period of unrest; and at such times there is a polarization of values. When this happens, he said, antithetical values come to the fore first and "society goes on a sex happiness jag." He recommended as the only safeguard against this occurrence the facilitation of positive polarization of family values. "If you cannot control the values about the womb, you also cannot control the values about the atomic bomb."

Professor Zimmerman saw a ray of hope in the "puritanical nature of our present intellectual classes, as shown by the Kinsey figures." This is the first time in Western history, he said, when intellectuals have not led in the new freedoms from restraint.

PARENTS, SCHOOLS, THE CHURCH

In the final session on the Kinsey report a psychologist, an educator, and a clergyman considered its educational implications for parents, for schools, and for the church. All three maintained that the report's full meaning could not clearly be determined without further careful study of the information already published as well as that now in the process of completion by Professor Kinsey and his associates. Though they varied somewhat in their opinions of Professor Kinsey's efforts their conclusions contained a common theme—that his findings have thrown the spotlight on a long time need for a more courageous approach to sex education on the part of those who come in contact with children and young people.

In discussing the report's meaning to parents Lawrence K. Frank, director of the Zachry Institute of Human Development, New York, prefaced his remarks with the statement that any generalities about the report must be modified in relation to three facts: that each parent will find in it what he or

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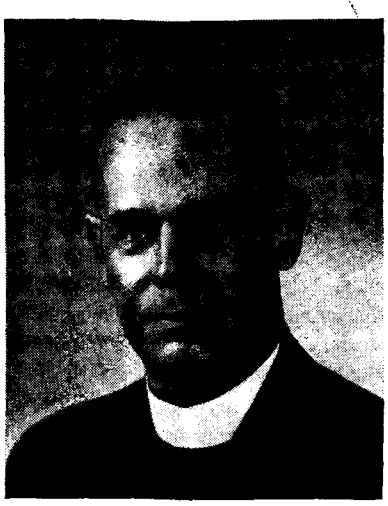
Anthropologist Mead



Churchman Gardiner

Sociologist Riley

she is looking for; that it reveals that an individual's practices and ideas of sex reflect his educational, religious, and cultural background; that every person has his or her own ideas about the place of sex in interpersonal relationships, a subject ignored in the Kinsey studies.

One of the most serious problems parents face, Mr. Frank maintained, is the necessity of helping children to understand sex, not just as a physiological function, but as a mode of interpersonal communication which is "another language for living, loving and finding fulfillment." This cannot be done, he said, through the attitudes with which a great many parents meet their children's curiosity about sex—attitudes relying on punishment, shame, disgust, guilt, and fear to inhibit the sex interests and activities of children and adolescents. He offered the Kinsey findings as an indication that this type of control does not work, for "presumably some of Kinsey's subjects have been brought up under them." Because such attitudes are based on the concept that sex and the human body are low and dirty, he said, they are in conflict with the parents' teachings that marriage is one of the desirable goals of life. For many children, adolescents, and adults the paradox is so confusing as to result in personality difficulties, often accompanied by sex behavior opposite from what the teachings intended.

"If we can help our children to accept their own bodies with feelings of respect and if we can give them a capacity for accepting individual differences, recognizing the essential bisexual nature of everyone," said Mr. Frank, "we might free them of the necessity of proving themselves by some irrelevant sex act."

He was skeptical, however, of the value of sex education as a separate subject of instruction, since this method of explanation ignores the fact that sex and a child's orientation to it are part of the whole content of his life.

Mr. Frank added that Professor Kinsey had attempted "to be objective about something about which it is impossible for us to be objective." Human beings in all civilizations, he said, have tried to do what culture always does —transform a physiological function into something with more meaning. "It is that which distinguishes us from the other mammals."

The implications of the report for schools and teachers were discussed by Helen Judy Bond, head of the department of home economics, Teachers College, Columbia University, who maintained that Professor Kinsey's "too frequent attempts to depart from the biological view" show the impossibility of making a study of just one aspect of any subject.

In spite of this reservation, Mrs. Bond stressed the importance of the report because of its revelations in regard to the early orientation of the child to sex patterns and because of the factual support it gives to awareness that the sex drive is ever present in the adolescent. Pointing to the obvious relationship of both these facts to the need for sex education as a part of and not apart from life, she recommended that "we do not wait for questions to arise, for too much confusion in the child's mind may precede them." In addition, she urged that "wise counseling" be made available to all adolescents to help them cope with the new drive within them, which they are apt

Sex Education and Counseling

Helen Judy Bond

This study impresses us with the effects of early conditioning on the determination of sex patterns in later years. Therefore, education relating to sex should be presented at an early age. . . . If correct education can be given before curiosity arises it means we can keep sex from being singled out as something separable and a peculiar part of human behavior which must be treated in a special way. . . . I know of no phase of education that requires closer cooperation between school and the home than this. In fact, here is an aspect of education where churches, schools, social and civic organizations, and professional groups such as medicine, public health, and law can and should work closely with individual and family groups.

The study has also reemphasized the fact that the sex drive is ever present in the adolescent and assumes great importance in his life because of its newness, his lack of understanding of it and that of those around him. . . . In this period every boy and girl should not only have the security which education can give but access to wise counseling in order to achieve a better understanding of himself so that this new force can be rightly directed to avoid misuse of it, and to give meaning to its existence as a part of normal human developments. . . .

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not to understand. She also recommended greater opportunities for the diversion of energies, such as an educational curriculum "rich in all types of creative activity" and the provision of wholesome recreational facilities in the home, the school, and the community.

Mrs. Bond, moreover, saw implications in the Kinsey report for colleges and universities. Because of the information that in the higher levels of education, sexual activity, in her words, "more nearly approaches its intended role" she suggested a more widespread availability of educational opportunity; and because of the evidence that it is greatest before the age of twenty, she asked for consideration of provisions to make early marriage possible for students and other young people. As an antidote to the high rate of sexual activity in "the level of society which is low in individual resourcefulness," she prescribed an aggressive program of adult education to open up new interests and develop vocational and avocational abilities.

Teachers, said Mrs. Bond, must play a key role in all these programs. Therefore, they must be carefully selected, educationally prepared in problems of personal and family living, and taught to work together in the preparation of curricular material that will bring the problems of human relations to student groups through all educational disciplines.

In speaking on the meaning of the Kinsey report for the church, the Rev. Otis Rice, professor of pastoral theology of the General Theological Seminary, New York, made it clear that he was presenting his personal views and not the position of the whole of Protestant Christianity nor even of his own denomination. The results of the report, he maintained, come as no surprise to a great many pastoral advisers, and some of them will welcome the material as an aid in gaining a perspective on the role of sex in all of life. The report, he suggested, should stimulate some rethinking of moral theology not only in the light of its own findings but also in relation to modern knowledge of depth psychology. He expressed the conviction that only the church's verbiage and not its basic tenets would be affected by such analysis.

Declaring that sexual behavior is often symptomatic of other personality difficulties, Dr. Rice pointed out that the clergy has a traditional obligation to help individuals develop fuller lives. Religious education, he maintained, should be education for living as a whole. Pastoral contacts, which give the church an opening to the home in all the crises of an individual's life, also provide the clergy with opportunities to help in personality development. Important to the success of such efforts, Dr. Rice warned, are the personalities of the clergymen themselves, and their ability to use whatever assistance is available from other disciplines.

In suggesting a reevaluation of moral theology, Dr. Rice was one of the few participants at the conference who seemed willing to weigh his own field of interest against the findings of the report. Another was Dr. Heller, who told of already having introduced the Kinsey interviewing techniques into the case-finding phases of the venereal disease control program. But for the most part the weighing was the other way around, the participants tending to evaluate the report in relation to their own fields of interest. Thus, the psychiatrist found it lacking because Professor Kinsey had not used psychiatric techniques to probe into the depths of the unconscious for "forgotten materials"; the anthropologist resented the one-sided approach which eliminated every phase of the subject from consideration except the biological; the sociologist interpreted the scientist's lack of moralistic judgments as an attack on the already tottering structure of the Western family; the priest saw the widespread dissemination of the findings as a threat to the morals of young people.

If Professor Kinsey tried to follow all of their suggestions he would find himself embarking upon a study embracing all the infinite complexities of personality development and human relationships. The fact that this is not what he as a biologist set out to do should encourage enterprising social scientists to undertake studies that would complement his efforts. In the meantime, he and his associates can undoubtedly derive some benefits for the improvement of the procedure and scope of their endeavors from the kind of sincere critical analysis afforded at this ASHA conference.

Courtesy of The New York Times Book Review

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EPITOMES

Journal of Psychiatric Social Work

Casework in a Psychiatric Hospital Some Hostility Factors

Cecelia R. Steinlein

Each member of the staff of a psychiatric hospital is vested with some of the authority of the hospital itself, originally accorded to the hospital by the state's commitment laws. Obviously, different patients react to authority in different ways. This becomes apparent in the patient's reaction to and use of his year's convalescent period outside the hospital. Frequently the patient, upon learning that the social worker or doctor will expect him to "report in" at intervals during the year, reacts with hostile feelings.

In many state hospitals which use social service, the social worker is given the responsibility of operating in two different functional areas during the patient's year of convalescence. In one, the patient uses social service voluntarily to become more and more able to cope with social situations which might jeopardize his adjustment. In the second, the patient's use is not voluntary, for one of the hospital's procedures which he has to accept is the follow-up interview with the social worker at stated intervals throughout the year. In [Western State Psychiatric Institute and Clinic, Pittsburgh] the term "Indefinite Visit" is used, although the Visit extends for one year.

The social worker must be alert to the presence of hostility and be able to evaluate whether its obvious presence or absence is a healthy or unhealthy sign. She must try to enable the patient to express it where it exists unexpressed, so that it can be accepted both by herself and the patient. She must establish a working relationship between the patient and herself despite the original hostility and thus enable the patient to use her service in whatever area it can be used, to the extent that it is possible for him. Two cases are used to illustrate this theme. The first is a late adolescent girl who resented hospitalization and wanted to leave "immediately." The second is an elderly woman, who, though well, looked upon the hospital as a refuge and did not want to leave. In the latter, hostility arose from the hospital's statement that she was well enough to leave and would have to. The balance hung between her using the hospital to become more ill, or using it as a supporting force in making an adjustment on the outside.

The social worker is the patient's real and understanding link with the outside world. Her function is to help the patient take whatever has been reconstructed and restored to him of his previous personality strengths and use them in building toward a happy, contributing position in the community.

(Journal of Psychiatric Social Work, Winter, 1947-48)

Social Work JOURNAL

Social Security: Prop or Pillow?

Alton A. Linford

Social workers, proud of and thankful for the progress of the past fifteen years toward the creation of a reasonably suitable social security system, have been puzzled and bewildered by the recent rash of attacks upon that system. These attacks are a measure of the extent of reaction in this country. The next few months call for careful and concerted action by social workers and all others who believe in the soundness of the social security system and in the essential dignity and worth of mankind. Much will depend upon the action of Congress and the election next November. We must lose no opportunity to interpret the program, its purpose, and the reality of the insecurities that called it into being and that cry for its extension. Each of the criticisms must be analyzed and answered, insofar as we have the facts to do so. An effort will be made to deal with some in this paper.

(1) Since the poor are shiftless and often degenerate, they have themselves to thank for their poverty.

Perhaps the best way to disprove [this] assumption is to compare weekly wages with the amount of income needed to maintain a family on a reasonably adequate standard of living. If upwards of one half of our families obviously cannot provide for their own security, there can be no justification for a disgracefully inadequate social security system.

(2) Social security costs too much.

When the people learn that money is not wealth but a medium of exchange; that high production requires high demand; and that such demand can only be sustained by seeing to it that all families have a minimum of purchasing power, then they will see the necessity to maintain purchasing power through well-paying jobs and adequate social security, to replace such wages when they are interrupted by unemployment, old age, etc.

Part of this criticism grows out of a distrust of people. Another part derives from the fact that we have here a program to care for dependent children who make their homes with a parent or parents of varying degrees of what the community regards as worthiness. More important, we are attempting to provide adequately for a few children, when there are millions of other children living in homes whose incomes are grossly inadequate. Social workers must continue to fight for adequate ADC grants; to reiterate the basic philosophy of ADC—that society should make it possible for mothers to remain at home and care for their children.

After looking at some of the specific charges, it should be acknowledged that we lack the factual data to refute them completely with objective evidence. However, is it not true today that the position one takes on these questions depends to a large extent upon one's philosophy? Our challenge is to gather the objective data that are required to prove our case.

(Social Work Journal, April)

Channels

Speak from Experience

Helen Hall

The public hearing affords social agencies the opportunity to bring their experience to bear in ways which may help to get at the cause of the trouble

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they are attempting to treat. There are certain general rules to bear in mind. If a hearing is coming up for which you are to prepare or are helping to prepare material, you must see to it first that the need for action is clearly shown—then how to meet that need—who wants it met—and who would benefit from it. Social workers who have skill in community organization can enlist the various elements in a community to testify. However you come by it, somewhere in the picture should be the honest, homely, human detail through which all of us see past statistics to people.

Such highlights, however, do not take the place of solid, constructive testimony to show that technically what you are asking for can be done. For this you must draw on economists, businessmen, engineers, etc. Then you must tap the human concern in your community, and show wht kind of people believe in the cause. Another thing to bear in mind is that as many interested people attend as possible.

The National Federation of Settlements has made interpretive studies over the years among low income families. That is but one example of the wealth of material to be had in the files of social and health agencies everywhere. If we prepare our testimony for use at hearings from our own files and our own experience, then we will be on our own ground, which is strong ground. *(Channels, April)*

PUBLIC HEALTH NURSING

Unifying Health Services Through Public Education

Maurice J. Thomas

In initiating a health program in Rochester, Minnesota, it was first recognized that all groups interested in community health had distinct contributions to make. The Board of Health and the Board of Education over five years ago, therefore, authorized their executive officers to formulate plans of organization and procedure. [Under] the agreement:

(1) The city health officer is designated as the consultant, adviser, and executive officer for the school health department, responsible in that area to the superintendent of schools.

(2) The head school nurse acts as the supervisor of nurses, serving under the health officer.

(3) All school matters [are] undertaken only with the approval of the superintendent.

The regular health services consist of regular examinations by nurses and doctors, medical conferences with parents and teachers, vaccinations, immunizations, corrective exercises, rest, follow-up, and all the usual routine practices followed by most schools. The unique part of the Rochester plan is in conferences, diagnoses, corrective services, medical attention and follow-up. The second phase of the program is physical education. The third is health education, carried on primarily in the classroom.

The fourth is the Rochester Child Health Project sponsored by the Mayo Foundation of the University of Minnesota [in which] all children born in Rochester after January 1944 are enrolled. These children will have expert guidance, medical, psychiatric, and psychological services over a period of eighteen years until the time they have completed high school.

(Public Health Nursing, April)

Junior League MAGAZINE

The Beginning of Reason

Joan Wilkinson Hall

We have been carrying out "Operation Madhouse" here in Detroit for a little over a year. In 1946 the League got in touch with Dr. Fritz Redl, professor in charge of Wayne University's School of Social Work [who] was interested in carrying on some practical research in juvenile delinquency. We agreed to underwrite a practical experiment for at least a year.

Pioneer House is known as a "group therapy home for pre-delinquent children" in the nine-to-eleven age group. Of normal health and intelligence, years of neglect and mishandling have left [these children] with an all-consuming hatred in their hearts. This hatred has eaten away the last shreds of any conscience.

The main problem, as Dr. Redl sees it, is to restore these missing consciences, to build up a sense of self-criticism and to develop in these boys their own brake for their aggressive instincts together with an ability to direct their energies into the proper paths. Work to accomplish these ends falls into three main categories: (1) general atmosphere, (2) action interpretation (to restore the missing conscience), and (3) programming. The boys' thoughts are so disorganized that they will act upon an impulse with no realization of any moral issue or danger. At this point the adult must step in and by his actions identify himself with the child's conscience.

Definite recommendations in the field of programming have been made possible only by living with these children for 24 hours a day.

We don't want to state unequivocally that these boys will be the model citizens of the future, but it is certainly true that our pioneers have come a long way.

(Junior League Magazine, April)

HIGHLIGHTS

FSAA Annual Report—1947

Behind the glittering facade of the American scene in 1947 there were harsh facts. Millions of families were caught by the nation's worst housing shortage. The cost of living brought other difficulties. The mood of uncertainty in the outside world seemed to penetrate many of our homes. Against a panorama such as this, the family service field strove to repair individual breakdowns and prevent new rifts in the lives of families. In 1947 FSAA was active in such cooperative endeavors as the National Conference on Family Life to be held in Washington May 6, 7 and 8. Frank J. Hertel, general director, is treasurer of the conference. Cora Kasius of FSAA served on a United States social welfare consultative group to the Social Activities Division of the UN Secretariat. FSAA staff members participated actively in affairs of the National Social Welfare Assembly. The membership committee completed a revision of membership requirements and standards. Two new agencies were admitted, bringing the total number of full members to 236. Seven regional committees held nineteen meetings. The stellar single activity of the regional committees was the six institutes attended by a total of 295 agency staff members.

While personnel seemed the major worry to many member agencies, it ranked only third in the category of problems which agencies addressed to the national association. Questions revolving around administration and organization totaling 233, ranked first. Program activities were of almost equal concern. Other problems included casework practice, statistics, and education for social work.

(Highlights, March)

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THE COUNTRY OVER

Heart Focus

The American Heart Association's campaign for funds centered in National Heart Week, February 8 to 14, will net about $2,000,000, according to tentative returns available at this writing. The drive had a dual purpose: to educate the public about the extent of heart disease and the possibilities of treatment and research; and to raise funds for the association's program of research, professional education and promotion of additional local heart associations.

The fact that the toll of heart disease which handicaps one out of five people in the United States, and is the leading cause of death among children between the ages of ten and fifteen, could be substantially reduced by research and proper guidance to sufferers, was particularly stressed during the campaign.

The pamphlet "1 out of 2" published by the American Heart Association cites recent advances in the treatment of acute rheumatic fever, high blood pressure and some diseases of the blood vessels. Other crying needs, according to the booklet, include: the development of standards for the certification of specialists in cardiovascular disease and for the care of patients; the training of general practitioners in this field; the education of the public to seek early care; an effective public health program similar to the community rheumatic fever programs in some areas; study and development of programs for the placement of cardiac sufferers in industry.

This pamphlet is available from the Association, 1790 Broadway, New York 19.

Gains

The Minnesota Heart Association, Inc., was established in November to carry forward the program of the national association in that state.

A novel plan has developed in this state to put the activities of the 4-H clubs to work against heart disease. Under the program, which was worked out in conferences of the Minnesota medical association, the new heart association, the 4-H clubs, and the county nurses, the youngsters will raise a calf or other livestock, or devote acreage to a special crop, to meet the expenses of any club member who develops rheumatic fever, or for related educational efforts.

At the University of Colorado Medical Center, the Henry Strong Denison Memorial Research Contribution Trust was set up recently, with a gift of $22,302 to develop a cardiovascular research laboratory.

The Michigan State Medical Society's committee on rheumatic fever control, has approved the opening of sixteen new rheumatic fever control centers in Wayne County. The centers will have the financial assistance of the Michigan Society for Crippled Children and Disabled Adults.

A ten-year investigation into the causes of high blood pressure was started at the University of Minnesota in January. The study, to which the U. S. Public Health Service will contribute $30,000 a year during the first five years, will include a five-year follow-up of 300 men from Minneapolis and St. Paul and of 180 university students.

The American Foundation for High Blood Pressure, now over a year old, has completed its organization and begun its campaign for membership and other sources of revenue. Its program includes financing medical research to discover the cause and cure of various circulatory diseases.

Rehabilitation

The Office of Vocational Rehabilitation, Federal Security Agency, has successfully rehabilitated seven thousand people disabled by cardiac disorders since the federal-state program began in 1943, according to a recent release from OVR. Through its program of medical aid, vocational guidance, training, placement, and follow-up, OVR has enabled these people, all but 214 of them unemployed when they sought help, to fill a wide variety of jobs, ranging from editor to miner. According to Michael J. Shortley, director of OVR, many more cardiacs will be successfully rehabilitated as the service becomes more generally known.

The New York University College of Medicine and the New York State Division of Vocational Rehabilitation recently set up at Bellevue Hospital a survey of 1,000 persons with heart disease to determine the appropriateness of their jobs. According to an article by Dr. Howard Rusk of the university in *The New York Times*, this study may provide "some badly needed 'base lines' on which further research can be done on just how much and what types of work certain varieties of heart cases may do without danger."

A rehabilitative program for cardiacs was started recently by the Altro Work Shop in New York City, an agency of the Committee for the Care of the Jewish Tuberculous. The shop, which since 1915 has provided sheltered employment for cardiacs, will conduct a similar program for cardiacs over a two-year period, to study their rehabilitative needs.

New Agency

A new organization, the National Heart Committee, was set up in March under private auspices, "to furnish all possible support to pending legislation before Congress for the establishment of a National Heart Institute, under the U. S. Public Health Service, for control and research into diseases of the heart and circulatory system." The committee, which will be supported by private funds, has as chairman Ted R. Gamble, chairman of the board of the American Theatres Association and owner of a chain of movie houses. Offices of the committee are at 237 Madison Avenue, New York 16.

Federal Action

Bills providing for establishment of a National Heart Institute have been introduced in both Houses of Congress. The House, which has voted an appropriation of $13,570,000, including an increase of $2,567,125, for the National Institute of Health for the coming year, earmarked $1,382,500 of the increase for additional research on dis-

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eases of the heart and circulatory system. This includes $1,200,000 for research grants-in-aid; $82,509 for direct research by the institute; and $100,000 for research fellowship grants. In recommending this expanded program the House appropriations committee commented: "This field of research has been sadly neglected and represents one in which the committee intends to lend its support vigorously within all reasonable limits."

Federal Security Administrator Oscar E. Ewing reported recently that a cardiovascular unit had been set up by the state relations division of the U. S. Public Health Service. Through it and in cooperation with the new epidemiologic unit a control program will be set up for a typical community.

In Print

"Know Your Heart," Public Affairs Pamphlet No. 137, prepared by Howard Blakeslee, science editor of the Associated Press, with the cooperation of The American Heart Association, has recently made its appearance. An excellent presentation for the layman of the mechanism of the heart, its ills and progress in their prevention. Twenty cents from the Public Affairs Committee, 22 East 38 St., New York 16.

Health

Michigan's fifty-seven local health departments have completed evaluation schedules based on standards set up by the American Public Health Association and adopted by the Michigan Department of Health. The schedules are being graded by the field staffs of the department and the APHA. Consultants from the department will be available for follow-up visits to the local departments to assist with plans for improving programs. Ninety-two percent of the state's population is served by these local health departments, only twelve counties being without them.

To bring more doctors to the state's rural areas, the Michigan Foundation for Medical and Health Education has set up a revolving "Fund for Encouragement of Medical Practice in Rural Areas." Financial loans will be granted to students or interns who agree to practice in a rural area for at least three years.

The Michigan Practical Nurses Association is conducting a statewide survey to show the value of the practical nurse during the present nurse shortage. All practical nurses, nurses' aides, attendants, orderlies, and undergraduate nurses as well as nongraduate nursing help in physicians' offices and homes for the convalescent and aged are being asked to fill out cards showing what they do. The association, working through the Michigan Nursing Center Association, hopes to interest more unemployed women eighteen to fifty years of age in taking up practical nursing, and to make training facilities available for them. — *From* SURVEY *correspondent Virginia W. Baird, Michigan Department of Health.*

Diet Survey

First information released on the New York State nutrition survey conducted last December under the sponsorship of Governor Dewey's Food Commission, reveals grave defects in the diets of 1,567 pregnant women who were interviewed as to their daily food intake. The survey conducted jointly by the Department of Nutrition, the Harvard School of Public Health, the Cornell University School of Nutrition, and the State Department of Health, covered sample groups of expectant mothers, school children, industrial workers, housewives and low-income families.

Only 21 percent of the expectant mothers questioned received the recommended 80 grams of protein, the most important single factor in their diet. Thirty-two percent were only slightly short of protein, but the remaining 47 percent had less than 60 grams a day. Only 22 percent were receiving the recommended quart of milk a day, and only one fourth the needed amount of Vitamin C. In the case of milk, fruits, vegetables, meat, and eggs, the diet was materially affected by family income.

A major objective of the survey is to provide data from which a long term nutrition program could be developed for the state.

New Health Council

The Washington State Health Council was formally organized in January with the purpose of "attempting to coordinate all health programs in the state on a consultative and advisory basis," reports the February *Health Commentator,* from the Washington State Department of Health. The council, which has no official status, will bring together for joint planning on a voluntary basis delegates from all organizations in the state interested in health. Projects proposed for consideration by the council include: a survey of the possibility of establishing more full time health services in the state; the recruitment of professional workers; and a study of how to interest physicians in taking up practice in rural areas.

Progress

Florida's public health program has been recognized by the Commonwealth Fund as making the "liveliest progress" of the six states receiving financial aid from the fund last year. The report states that "since Dr. Wilson T. Sowder became state health officer in 1945, changes have been occurring rapidly." Then, only about half of the sixty-seven counties were covered by full time local health services. Now, sixty-two counties have local health departments.

The Army

During the past year, the army reevaluated its traditional warning approach to VD to substitute a positive program stressing moral values, continence, and individual responsibility, Captain George Carroll, VD control officer of the headquarters First Army, reported at the February meeting of the American Social Hygiene Association. (See THE SURVEY March 1948, page 87.) As a result, VD rates among regular army troops in the United States are now at their lowest point.

The new program based on the premise that the army should be "a home for healthy, happy, decent and law-abiding men," includes: lectures by medical officers stressing continence and spiritual values, a broad program of wholesome leisure time activities, and a thirty-to-ninety-day quarantine imposed on any man contracting VD, designed to provide rehabilitation rather than punishment.

Close liaison is maintained with local public health authorities, to whom all VD contact histories are referred for follow-up. When a man who has received VD treatment is discharged, a notification is sent to the public health authorities in his home community for follow-up.

Fort Knox

A positive approach to VD control through sex education has been carefully developed at Fort Knox, the Universal Military Training Experimental Unit, Brigadier General John M. Devine, commanding general of

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the unit, reported at the same meeting. The result is an extremely low rate of only five cases of VD among the 1,300 youngsters, averaging seventeen and a half years of age, who have been trained at the unit during 1947, its first year of operation.

Sex hygiene is taught the boys as part of their required course of training. The doctor in his course on personal hygiene and sanitation teaches the physiology of sex and the medical aspects of VD. The chaplain teaches a course called citizenship which includes a discussion of sex and its place in life, the importance of the family, and the responsibility of the individual boy to take care of himself. Each boy has a private interview with the doctor and can see the chaplain privately at any time.

Army strategy for keeping boys out of trouble includes an aggressive program of recreational activities; careful scheduling of dances and games over weekends to encourage the boys to remain in camp; warning letters to local bars pointing out that the boys are under age and cannot be served liquor; supervised dances with carefully selected local high school girls.

Children

A cooperative plan to remedy the health defects of school children whose parents cannot afford the expense, is getting under way in Pennsylvania.

The 1947 state legislature made mandatory the employment of certified school health nurses to follow up the correction of remediable defects revealed in school health and dental examinations. It also authorized the Department of Public Assistance to pay for any medical, dental or surgical treatment for a child whose school examination shows the need of it and whose family is unable to meet the cost. Department expenditures for the program were limited to $500,000 for the first two years.

Under the program, when a school nurse discovers in her follow-up work that a child's defect has not been remedied for lack of family funds, she discusses with the parent his eligibility for aid from the department. A plan for treating the child is then worked out with some practitioner or practitioners and the case referred to the department. If the family meets the financial requirements and the treatment falls within the scope of the program, the county officer authorizes a practitioner or practitioners to do the work. The program includes certain operations in hospitals and in-patient hospital care, which are not provided under the department's regular medical program. —*From* SURVEY *correspondent Robert C. Glenn, Pennsylvania Department of Public Assistance.*

Adoption Study

A study of adoption services and needs in the city of Richmond and the adjoining counties of Henrico and Chesterfield was started late in February under the sponsorship of the Virginia Department of Public Welfare and the Richmond Area Community Council. The study, to be concluded in May, is designed to: explore existing need for adoption services; analyze services now available; determine whether present agencies should be expanded or new ones created; and recommend minimum standards for agencies.

Edith L. Lauer, former executive director of the Jewish Family and Children's Bureau in Baltimore, is supervising the study, with the assistance of a thirteen-member steering committee of staff members from all agencies concerned. An advisory committee representing interested lay and professional groups will review plans, schedules and interim reports, and accept or reject the final recommendations. — *From* SURVEY *correspondent Constance S. Gamble, Virginia Department of Public Welfare.*

Parents Committee

A new organization, the American Parents Committee, public service and nonprofit, has been set up to champion the cause of children. George J. Hecht, president of the new organization and publisher of *Parents' Magazine,* has announced that the committee will: assemble, study and disseminate nationwide information on the health, welfare, and educational needs of American children; support through special subcommittees progressive legislation "to get a better deal for children from Uncle Sam"; and assist local parents' groups to work for better conditions for children.

Birth Cards

Added to the growing list of states using short form birth certificates is Massachusetts, which now issues a birth abstract card to every child. This card, which was adopted at the request of the social agencies in the family and children's division of the Greater Boston Community Council, omits the name of parents, thus giving no indication of illegitimacy. Adequate for school registration, enlistment and working papers, it gives only the name of the child, place and date of birth. Anyone needing to know a child's parentage must request a certified copy of the birth record.

A further step in the direction of protecting the illegitimate child was taken at a meeting of state registrars at Portsmouth, New Hampshire, where it was agreed not to send records of illegitimate births from one New England state to another.

Discrepancy

That "our work has just begun" was the general reaction of participants at the annual convention meeting of the American Academy of Pediatrics in December on hearing reports of the uneven distribution of child care and inadequate preparation of doctors for treating children, based on the academy's current study of child health services. The study was begun over two years ago by the academy, with the cooperation of the U. S. Public Health Service and the Children's Bureau, to find the answers to such questions as: How many well child conferences are there in the United States? How many children are served by child guidance clinics or crippled children's services? How are these services distributed among the states and counties?

A partial answer to these questions based on the study findings in eight selected states, representative of the nation as a whole, is given in an article in the January *American Journal of Public Health,* "Community Health Services for Children in Eight Selected States" by Dr. Charles L. Williams, Jr., of the U. S. Public Health Service, Dr. John P. Hubbard, director of the study, and Dr. Katherine Bain of the Children's Bureau.

A general characteristic of the findings was a marked discrepancy in services between rural and urban areas and also between states. Only about 7½ percent of the children under five years of age in the selected states were found to be receiving any service from well child conferences, with the advantage heavily on the side of the urban child. In greater metropolitan areas half of the sessions of well child conferences included a pediatrician, in

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isolated rural areas less than one twentieth. At less than one seventh of these sessions was a psychiatrist or psychologist present.

Children in these states saw a doctor on an average of three times yearly. Only 1.7 in 1,000 were served by a mental hygiene clinic during one year. Mental health services were found to be meager in all eight states and nonexistent in three. Ninety-five percent of the children were in need of dental service. The rate of dentist hours per 1,000 children in one year was 67 in greater metropolitan areas, in isolated rural areas 12. Public health nurses made 569 home visits per 1,000 children under fifteen in greater metropolitan areas during one year. In isolated areas the figure was 71.

On the basis of these findings, the academy's committee for the improvement of child health has recommended strengthening of financial support for the education of pediatricians as well as special fellowships to encourage medical students to take up practice in areas of need. The committee is planning to work with medical schools in extending services and teaching affiliations to smaller community hospitals.

The national report on the study as well as reports for each state, will be issued later this year.

Announcements

With twenty-four of the needed twenty-six ratifications by UN member nations received, the latest from the USSR, and two more assured, the Interim Commission of the World Health Organization has scheduled the First World Health Assembly to convene in Geneva beginning June 24. Eight non-member nations have also ratified. At this writing, however, the United States will not take part. (See page 112.) Full details of the agenda as well as a list of governments to be represented by delegations at the meeting, will be published shortly.

In San Francisco, "the bells on the picturesque cable cars will ring louder, the sounds of the foghorns out in the bay will be more haunting," to welcome the 1948 American Red Cross national convention June 21-24, promises the March *Red Cross Courier*. A record 6,000 senior and junior delegates are expected. Scheduled are eighteen convention service presentation periods including a film depicting the service program in veterans hospitals and a clinic for the discussion of problems arising in this program.

Girls Clubs of America will hold its National Annual Conference on May 5 to 7 at the New Ocean House, in Swampscott, Massachusetts.

The annual meeting of the American Association on Mental Deficiency will be in Boston at the Copley Plaza, May 18-22. The first international congress on mental deficiency ever held, it will commemorate the one-hundredth anniversary of the founding of the first school for mental defectives in this country.

For Youth

President Truman by proclamation has urged states and local communities to hold conferences when possible this month after the pattern of the National Conference on Prevention and Control of Juvenile Delinquency. Endorsing the program of the conference's Continuing Committee, he calls upon the public to study local conditions in the light of conference findings, to put into effect pertinent conference recommendations, and to develop firm foundations for continuing community action.

The committee has prepared a "Handbook—First Steps in Organizing State or Local Conferences on Prevention and Control of Juvenile Delinquency," based on experiences at the national conference and at more recent state and local meetings. This is available free from the Continuing Committee of the National Conference on Prevention and Control of Juvenile Delinquency, Washington 25. The panel reports of the national conference have been published in a series of eighteen pamphlets. These may be secured at prices up to 25 cents from the Superintendent of Documents, Government Printing Office, Washington 25.

Campaign

To fight the rising deathrate from cancer, which this year is expected to reach 195,000, the American Cancer Society aims to raise $16,042,000 in its campaign continuing throughout this month. President Truman by proclamation has designated April as cancer control month, pointing out the striking reduction in deaths and expansion of diagnostic facilities possible under a combined effort of public and private agencies.

The rapid increase in this disease is cited by the society. The deathrate in 1945—177,464—was higher by 40,000 than that for 1935. Cancer is the first cause of death among women in the age group thirty to fifty-five.

Curtailment

In the face of increased costs of operation and unexpected loss of funds, the Social Work Vocational Bureau decided at a December meeting to discontinue its counseling and placement services on January 23. Deferring definite decisions as to its future and the adjustment of members' fees until June 1, the bureau decided to continue limited operations through June 30. These include: collection and maintenance of professional histories; promotion of public employment services for social workers and agencies; further exploration of need for a central registry and of the future of the bureau.

Even so, the bureau will need continued support to fulfill its assignment by July 1, according to an article in the February *Highlights*. Former sources of funds have been drying up, the article points out, and "it is necessary to find new methods or auspices for providing a placement service. Otherwise social workers and social agencies must themselves meet the actual costs of operating such a service."

Opportunity

The California State Personnel Board announces a competitive examination for social welfare agent to be held on May 11 throughout the state. Applicants must be college graduates with a year of graduate work in either social work or public administration and two years' experience in a social work or social research position. An additional two years of experience may be substituted for the graduate study. The salary range is $268 to $325. Legal residence in the state is not required. Applications must be filed in Sacramento by April 20. Bulletins describing the position and the written test and application forms may be secured from the board, 1015 L Street, Sacramento.

Scholarships

The National Tuberculosis Association in cooperation with accredited schools of medical social work is offering a limited number of scholarships to people interested in the tuberculosis field. The amount includes tuition and a monthly stipend. Further de-

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tails may be secured by writing Marian E. Schmitz, Social Work Consultant, at the association, 1790 Broadway, New York 19.

The American Hearing Society has announced that a $100 scholarship will be awarded to a prospective teacher of lip-reading for a normal course in a school approved by the society. This is the Coralie Noyes Kenfield Scholarship for Teachers' Training Courses for Teachers of Hard of Hearing Adults. Detailed requirements may be secured from the society, 1537 Thirty-fifth Street, N.W., Washington 7. Applications must be filed between March 1 and May 1 with: Rose V. Feilbach, 2431 Fourteenth Street, N.W., Washington 9.

Summer Sessions

The School of Social Welfare at Louisiana State University and Agricultural and Mechanical College is offering a series of three-week courses and workshops as well as basic professional courses of nine weeks at its summer session June 4 to August 6.

Subjects of the short courses include: Services for Children in Foster Care; Needs and Problems of Aged Persons; Workshop in Social Treatment of Offenders. A maximum of three credits may be earned in the short term, and nine in the basic courses. Further details may be secured from the school, Baton Rouge 3.

Starting in September the school will offer two years of professional education for social work on the graduate level leading to the degree of Master of Social Work. Students who complete the basic first year curriculum will be awarded a certificate of social welfare. Additional information as to this program may be secured from the director of the school.

The 1948 session of the Summer School of Alcohol Studies at Yale University has been planned with particular reference to special interests. Continuing a plan developed last summer, the course, which will be held from July 9 to August 6, will be divided into two weeks of general background material and two weeks of special studies. The latter will include two separate curricula: one for educators, and those interested in legal controls and related subjects; and the other for physicians, social workers, and others interested in the care and treatment of alcoholics. The session will also offer a seminar group for physicians and one for social workers, both connected with the Yale Plan Clinic. A sociological seminar will be conducted for students interested in the relation of problems of alcohol to the community.

The growing recognition of the need for the education of the Negro blind is shown in the program of the summer session at Hampton Institute, (Va.) June 21 to July 30. Courses will include: methods of teaching blind pupils in elementary and advanced grades; mastery of Standard English braille; and social and economic problems peculiar to sightless people.

Growing with the City

To meet changing community needs in the north-west area of Chicago, the Chicago Commons Association and the Emerson House Association announced this month the merger of their work, staffs and boards under the name and charter of Chicago Commons Association. The merger will make it possible to continue the important work of the Commons in the inner city area where although population is declining, needs are still great, and at the same time extend services to the large and growing area to the north and west beyond Emerson House. The new plan represents a development in Chicago toward the new concept of small guided projects strategically located under central direction, which is replacing the old idea of one central institution.

Jobs

The Department of the Army announces that professionally qualified social workers holding officers' commissions in the Organized Reserve Corps may apply for recall to active duty for an indefinite period of time. Officers will be recalled in the grade held before separation from the service and will be assigned to the neuropsychiatric services in general hospitals, training centers and disciplinary barracks. Application forms may be secured from local Reserve Officer Corps units or directly from the Office of the Surgeon General, Department of the Army, Washington 25.

And the army is also seeking civilian recreation workers to serve overseas, according to an announcement of February 29 from the U. S. Employment Service. There were 400 openings at that time. Applicants must be between the ages of twenty-five and forty, single or married, but with no dependents. Requirements include two years of college training and one year of experience in this field. Salaries range from $2,992.50 to $4,246.50 a year.

"Think on These Things"

A rare and revealing insight into the thinking and feeling about race on the part of a group of educated Negroes in America is ably set forth in a recent pamphlet "Think on These Things" by June Purcell Guild. The booklet consists of biographical material prepared in 1945-46 by a group of twenty-one Richmond residents, all but two of whom are college graduates. Most of the group, who range in age from the middle twenties to eighty-four years of age, are teachers or school principals.

In general, this group attributed the high rate of infant mortality, venereal disease infection and tuberculosis, and the shorter life span of the average Negro to such facts as ignorance, poverty, slum life, incompetent doctors, inadequate food, and so on. These are also considered the cause of excessive crime. One reported: "High crime rates are more an economic problem than anything else because both Negro parents are forced to work and the children get little early training at home."

Although in general it was felt that social agencies in Richmond, public and private, administer welfare without flagrant discrimination, one said, "We are waited on last in stores and welfare agencies." The community chest was considered the most valuable local agency for Negroes.

All but one declared they are proud of being Americans, usually qualifying the statement, however, with a comment on the injustice suffered by Negroes. Said one: "I have felt the worst sting of any black American while serving in an army to free the world of race hate." Overwhelmingly, they are proud of being Negroes, particularly in view of the Negro's progress in America in the face of heavy handicaps.

Although guesses as to the time it will take to solve the problem of discrimination in this country ranged from "ten years" to "eternity," most of the group reported an encouraging trend toward improvement in the lives of Negroes. Said one: "My children's status is 99 percent better than mine was."

One dollar from the Schauer Publishing Company, Santa Barbara, California.

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BOOK REVIEWS

ADMINISTRATIVE BEHAVIOR, by Herbert A. Simon. Macmillan. $4.

STIMULATING IS TOO MILD A WORD TO use in describing this reviewer's reaction to Herbert A. Simon's superb book. In fact, the right word is hard to find unless it would be the hyphenated "principle-shaking." Certainly the long recognized "principles of administration" come off a poor second-best under the hammerlike blows of the political scientist author bent on creating "a set of tools—a set of concepts and a vocabulary—suitable for describing an organization and the way an administrative organization works."

In dealing with "the anatomy and physiology of organization" the assumption is made that "administrative behavior is a complex network of decisional processes" and that "the anatomy of the organization is to be found in the distribution and allocation of decision-making functions." Mr. Simon believes that we cannot make real progress in our study and understanding of administration without first fashioning an ideological framework suitable for use in the description and analysis of administrative situations. There can be no disputing the fact that he has provided one such framework, though there will be disagreement as to its nature and construction.

After challenging the "principles" of administration on grounds of internal ambiguity and mutual contradiction (the principles became "proverbs" under Mr. Simon's searching cross-examination) the philosophy and psychology of administration are discussed. The chapters on "Fact and Value in Decision Making" and "Rationality in Administrative Behavior" are at times belabored but do provide a seemingly sound basis for the last half of the book, wherein the dynamics of organization are developed. The treatment of the fact and value concept as a *whole* is the cornerstone of the structure being erected.

Administration as a group process is the theme of the material on organization, authority, communication, criteria of efficiency, and identification. Readers will no doubt find the last half of the book more "practical" than the earlier material but as Chester I. Barnard points out in his foreword, "the chief value of Professor Simon's exposition for the general reader and for men of affairs lies in the clarity, comprehensiveness, and generality of his description of organization, of the administrative process, of the nature of decision, and of the elements of value and fact entering into decisions."

The book is richly illustrated with numerous examples taken from the settings of both governmental and voluntary agencies. Social agency administrators, staff members, and students of the social aspects of the administrative process will find "Administrative Behavior" compelling in its approach, demanding in its call for study.

HARLEIGH B. TRECKER
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Graduate School of Social Work
University of Southern California

FAMILY AND CIVILIZATION, by Carle C. Zimmerman. Harper. $6.

THIS WEIGHTY PROPAGANDA VOLUME evidences much erudition, but is not likely to be credited with an equal amount of objectivity. Yet Zimmerman's analysis of the historic family into three types (trustee, domestic, and atomistic) seems to be essentially correct. It is true that when wider institutional controls are weak the "trustee" family assumes responsibility for order and justice. When the more extended institutions (especially church and state) are fully accepted by the people, the "domestic" family willingly performs the functions assigned it by state and church. But when the masses lose faith in the justice and sanctity of state and church, the controls they have established over the family weaken and the "atomistic" type appears. This has happened more than once in western history.

The author makes a passionate appeal for the "domestic" or integrated family. The essential weakness of his book is that it offers no workable method to achieve this end. It relies on propaganda. Like Plato, who would establish a hierarchy of classes by means of a myth, Zimmerman would teach the people that civilization cannot be preserved unless the "domestic" family is made inviolate. He would use teachers, preachers and publicists for this propaganda function, believing, like Hitler and F.D.R., that anything may be done by means of propaganda.

He never gets to the bottom of the causes of current family disintegration, which are the same as the causes of modern political and ecclesiastical disintegration. The family cannot make itself whole by tugging at its spiritual bootstraps. If we wish to have an integrated, self-perpetuating family life we must insist upon a social order which supports such a family. We do not have it now. Such an order does not consist of propagandized public opinion, but of more fundamental and material processes. Opinion is only the roof built over such a social order. Policy makers will have to learn this lesson, disagreeable as it may be to them.

If Zimmerman's book should precipitate a penetrating discussion of this very issue it would be worth what it cost the publisher to produce it. However, the author's intolerance of other views than his own, his persistent name calling, his blindness to the fundamental processes of social causation, and his constant reliance upon superficial interpretations may cause his book to be treated with a shrug of the shoulders instead of being rewarded with a serious answer. Undoubtedly he will have the approval of one great ecclesiastical organization with whose family theories he finds no fault. The population theorists are likely, however, to wonder what he would do in an age of preventive medicine with the host of offspring he advocates.

L. L. BERNARD
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Pennsylvania State College

NEGRO YEAR BOOK—A REVIEW OF EVENTS AFFECTING NEGRO LIFE 1941-1946, edited by Jessie Parkhurst Guzman. The Department of Records and Research, Tuskegee Institute, Ala. $4.50.

THE TENTH EDITION OF THE NEGRO Yearbook, the first to appear since the 1937-38 volume, covers events from 1941 through 1946, with some his-

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torical background. Under the editorship of Jessie Parkhurst Guzman, director of the department of records and research at Tuskegee Institute, the Yearbook brings together over 700 pages of facts, statistics, narrative, and interpretation. It is a worldwide summary of Negro affairs today, the major section on "The Negro in the United States," but with sections also on the Negro in Africa, Europe, and Latin America. The final section is an annotated twenty-page bibliography of recent books, reports, and other publications. Its wide range, sound organization, and temperate presentation make this an invaluable reference book.

BEULAH AMIDON

RUSSELL SAGE FOUNDATION 1907-1946—A HISTORY IN TWO VOLUMES, by John M. Glenn, Lilian Brandt, and F. Emerson Andrews. Russell Sage Foundation. $5.

THE RUSSELL SAGE FOUNDATION has been accepted as a matter of course by social workers for the last forty years, much as they accept the north star or the magnetic pole as something sure, steady, and a reliable guide in social work development.

These two recently published volumes should be of immense historic interest to those presently engaged in social work, public and private, and in schools of social work, since the text reveals the progressive recognition of emerging social need: study and planning to meet the need, financial assistance wisely directed to the implementation and improvement of standards, interpretation, recording, statistics, and methods of administration.

The Russell Sage Foundation is to be numbered among the trail blazers in the social service field after the pattern of America's great philanthropic foundations as we know them today.

The genesis of the Foundation is interesting reading, revealing as it does the modesty and the wisdom of the founder, Mrs. Russell Sage, who called upon the best leadership in the philanthropic world to share in the shaping of this new undertaking.

The extreme care with which policy and scope of this new undertaking was drafted and delimited might well be copied by those engaged in "future planning" in the social service field in these days of social change.

The structural organization of this history is intriguing, covering the Start, the First Decade, the War of 1917-1919, the Expansion undertaken after careful reexamination of the program and methods. Then follows the development incident to the great Depression and World War II, bringing us to 1946.

Within the major subdivisions of these volumes, we follow the progressive development of special projects and of the departments of Charity Organization, Recreation, Education, Child Hygiene, Child Helping, Remedial Loans, Women's Work and Industrial Studies, Statistics, Surveys and Exhibits, and the Library; and we begin to meet historic figures, Mary Richmond, Hastings Hart, and many others.

It is of significance that the Foundation has never become frozen in a fixed program. It evolves, meets new situations, completes a given project, redirects its emergencies into channels of new and needed service (a policy worth following in any field).

The list of grants-in-aid, included in the appendix, is impressive and the policy established has been of incalculable value, especially in promoting the development and ultimately self-maintenance of many national agencies in the field of social work, for through them standards of service have been improved throughout the United States.

The publications of the Foundation constitute a great contribution to the literature of the social work field, not the least being the Social Work Year Book which qualifies as the "New Testament" in the field of social work.

This reviewer owes a debt of gratitude to the Foundation for help generously given by its staff in the establishment of the Bureau of Children, in the development of music in mental hospitals, in the clean-up of penitentiaries in Pennsylvania, and for many years of friendly consultation on many subjects.

ELLEN C. POTTER, M.D.
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New Jersey Department of Institutions and Agencies

SO YOU WANT TO HELP PEOPLE—A MENTAL HYGIENE PRIMER FOR GROUP LEADERS, by Rudolph M. Wittenberg. Association Press. $3.

THIS CLEARLY WRITTEN MENTAL Hygiene Primer, although intended especially for the untrained group leader, offers much that is of interest and value to all persons concerned with human relations. It should prove a desirable handbook for teachers, parents, social workers, and professional group leaders. The author has acquired his knowledge of human beings through the experience accumulated during twelve years of professional social work. He is, therefore, well equipped to offer advice on group activities. He has worked in a variety of social centers such as the YMCA and YWCA, the Jewish Board of Guardians, the Newark Child Guidance Clinic, and the special research project of the New York board of education.

In the first part of the book, the spotlight is on the relationships between the worker and the group. The fact that the leader has definite needs of his own of which he is often unaware, is frequently unrecognized. Some leaders, in their eagerness to be of service to the group, fail to realize that their techniques are but an attempt to satisfy their own unfulfilled desires. The emotionally immature leader often seeks outlets that help him to solve his own problems. These are not always beneficial to the group. Then, too, the fact that the program activity can become a purpose in itself, rather than a tool with which to help people, is frequently overlooked by the worker who, in his zeal, tends to lose his perspective.

These and also many other pertinent points should prevent the volunteer from becoming involved in some of the commonest pitfalls into which group leaders are often thrown.

There are illuminating chapters in the second part of the book which are devoted to those matters of discipline which often result in the complete disillusionment of the worker. One of them, under the caption, "Boy Meets Girl" discusses that important phase in the development of the adolescent in which he attempts to enter into relationship with the other sex. The suggestion is made, as a part of the education of boys and girls, that the establishment of the sexual life be made the subject of group discussions. There is a great advantage, Dr. Wittenberg believes, in the frank and natural presentation of sex matters to boys and girls together, by an unembarrassed, well-poised leader. Typical questions are given along with suggestions about how to meet them wisely and fairly. Whatever their experience, group leaders will find this section most helpful.

The final section deals with some of the typical settings in which leaders operate. The obvious conclusion is

(Continued on page 135)

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Raymond M. Hilliard, whose achievements in advancing the public assistance program in Illinois as executive secretary of the Illinois Public Aid Commission have attracted nationwide attention, has resigned from this position to become commissioner of welfare in New York City. Succeeding him is *Carl K. Schmidt, Jr.,* previously chief of the division of allocation and research in the commission. *Benjamin Fielding,* who has been serving as commissioner of welfare in New York City since last October, has returned to his previous job as license commissioner in the city administration.

Under Mr. Hilliard's leadership, the coverage and standards of the public aid program have been broadly liberalized, while at the same time volume and costs have been sharply reduced through a positive program of preventing and eliminating need. The state has developed a long-needed medical care program for public aid recipients.

David J. DuBois has been appointed program planning and training adviser in the Department of Parks and Recreation in King County, Washington. Mr. DuBois, whose army service comprised information, education, and public relations work, was granted a Henry Strong Dennison apprentice fellowship in 1947.

The Welfare Council of Metropolitan Los Angeles has named *Evelyn K. Davis* as director of its Volunteer Bureau. She was previously director of the Volunteer Service Bureau of the Greater Boston Community Council.

The U. S. Children's Bureau announces that *Dr. Samuel M. Wishik* has been assigned to direct the planning work connected with the bureau's program of grants-in-aid to the states for maternal and child health and crippled children's services. Dr. Wishik has been serving as head of the bureau's division of physically handicapped children.

Guy Codding, executive director of the United Fund of Wilmington (Del.) has been named executive of the new Council of Social Agencies there.

The Kansas State Department of Social Welfare has appointed *Haleda Kirkpatrick* as field consultant for the blind in the division of services for the blind. Mrs. Kirkpatrick has served for six years as a county welfare visitor and director and also as a medical social worker at the University of Kansas Hospital, Kansas City.

The Illinois Public Aid Commission has named *Albert Stengelsen* as director of its new personnel training unit. He was previously assistant personnel director. His assistant in the new unit is *Elizabeth Lloyd,* who joined the commission's staff recently. She was previously assistant professor of public welfare at the Loyola University School of Social Work.

Jeanette Evans has been named secretary of the health division in the Bridgeport-Stratford Community Chest and Council, Connecticut. *Manfred Lilliefors,* a graduate of the University of Nebraska, has also joined the council staff as assistant executive secretary in charge of statistics and special studies.

The United Automobile Workers-Congress of Industrial Organizations has named *Harry Becker* as director of its social security department. Mr. Becker was previously consultant in medical care administration and director of administrative methods for the U. S. Children's Bureau.

George M. Treager has been appointed associate director of the Welfare Federation of Newark, New Jersey. His experience includes the directorship of the Bridgeport-Stratford Community Chest and Council (Conn.) and of the Warren (Ohio) Community Chest.

Joseph Zarefsky has been named research director of the Community Council in Houston, Texas.

Margaret D. Ward has joined the staff of the Hawaii Territorial Department of Public Welfare as chief, Division of Staff Development and Personnel. She was previously assistant administrator and chief supervisor of the Rhode Island Division of Public Assistance.

New staff supervisor of the Child Welfare Division of the Kansas State Department of Social Welfare is *Gertrude Newman,* for the past four years consultant in this division.

Dr. Charles S. Cameron has been named medical and scientific director of the American Cancer Society. A fellow of the American College of Surgeons, Dr. Cameron has been serving as acting medical and scientific director.

The National Society for Crippled Children and Adults has announced the appointment of *Westray Battle Boyce* as national field representative. Mrs. Boyce served previously as director of the Women's Army Corps.

Arthur Y. Lloyd was appointed Commissioner of Welfare in Kentucky in December. Mr. Lloyd, who served with the army during the war years, rising from second lieutenant to lieutenant colonel, was state director of public assistance from 1936-41.

New executive of the Jewish Family Service in Richmond (Va.) is *Harold Needle,* who served previously with the Family Service of Scranton and Dunmore, at Scranton, Pa.

Martha R. White is the new executive of the Social Service League of Burlington, Iowa.

The Babe Ruth Foundation, set up last year, according to "The Babe," "to help the kids of America," has secured the services of *Shelby M. Harrison* on a temporary basis to assist in developing its program and plan of work. Mr. Harrison was formerly general director of the Russell Sage Foundation.

Scotia Ballard Knouff has been appointed technical adviser for the National Conference for the Prevention and Control of Juvenile Delinquency in Washington, D. C.

New executive director of the Lorain (Ohio) Community Chest is *Walter M. Koty.* A 1948 graduate of the School of Social Administration at Ohio State University, Mr. Koty served as welfare officer with UNRRA after his discharge from the army.

Elizabeth K. Caso has been named executive secretary of the Massachusetts Public Health Association. An instructor in nutrition in the Harvard School of Public Health, Mrs. Caso will serve the association on a part time basis.

New executive of the Indianapolis Community Fund and Council of Social Agencies of Indianapolis and

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Marion County is *Mike McCaffrey,* who was previously associate in the campaign department of Community Chests and Councils, Inc.

Irving J. Fasteau has resigned as supervisor of the social service division of the New Jersey State Board of Child Welfare to accept the post of social welfare attaché at the U. S. Embassy in Paris, under the U. S. Department of State. His duties will include informing the State Department of social welfare developments in France and interpreting American programs to the social agencies there.

New executive director of the Community Chest of Oklahoma City is *Theodore R. Meyer,* whose experience includes the directorship of the Racine Community Chest and Welfare Council and the Green Bay Community Chest, both in Wisconsin.

Charles Adams has been named assistant deputy director of the Illinois Welfare Department's educational and correctional service, succeeding the late *Roger K. Frandsen.* Mr. Adams has served in the department since 1946 as regional representative in Springfield.

New research associate of the bureau of social research, Federation of Social Agencies of Pittsburgh and Allegheny County, is *Don Trauger,* formerly chief of the project and cost section, Statistics Division, Federal Public Housing Authority.

Dr. K. C. Charron has been appointed to the industrial health division of the Department of National Health and Welfare in Canada. He was formerly adviser on industrial medicine and hygiene to the government of Tanganyika in East Africa.

Russell A. Perry has accepted an appointment as state recreation consultant in Illinois. He was previously director of recreation in Wilmette, Illinois.

Retired

Leonora Morse Rosing has retired as secretary of the Social Service Exchange of the Milwaukee County Community Fund and Council of Social Agencies, after thirty-one years of service with the organization. Mrs. Rosing has been a member of the National Conference of Social Work for twenty-eight years and is a charter member of the American Association of Social Workers.

Edna Zimmerman retired in February as superintendent of the division of child welfare of the Illinois State Department of Public Welfare, after thirty-five years of service in the department. In recognition of her outstanding services to her state, the department held a banquet in her honor, presenting her with a three piece set of luggage as a farewell gift. She is succeeded by *Fred Delli Quadri,* who was previously supervisor of children's services for the Wyoming State Department of Public Welfare.

V. K. Brown has retired as chief of the recreation division of the Chicago Park District. He has behind him forty years of distinguished service to the recreation movement, twenty-eight of them spent in Chicago. The April issue of *Recreation* carries a tribute to his vision and leadership.

Honors

To *Anna Eleanor Roosevelt,* and *Anna Lord Strauss,* president of the National League of Women Voters, the M. Carey Thomas Prize, $5,000, the highest honor Bryn Mawr has to bestow, for their "distinguished achievements in the field of international relations." Also to *Mrs. Roosevelt,* selection as "The Woman of the Year" by the National Council of Jewish Women for the "most notable contribution to human welfare" during the past year and for her outstanding leadership while serving on the UN Commission on Human Rights.

To *Earl G. Harrison,* vice-president of the University of Pennsylvania and dean of its law school, the thirtieth Guggenheim Award from the Pennsylvania Club of New York, "for outstanding achievement of a fellow-Pennsylvanian in the fields of education, government and law."

To *Robert P. Patterson,* former Secretary of War, a reception in appreciation of his activities as chairman of the general committee in charge of the Fifteenth Annual Brotherhood series of meetings, from February 22 to 29, under the auspices of the National Conference of Christians and Jews.

To *Dr. Neil Percy Macphail,* medical superintendent of the United Fruit Company, the annual Richard Pearson Strong medal for distinguished and outstanding work in tropical medicine from the American Foundation for Tropical Medicine, for a lifetime of service devoted to tropical medicine in Middle America.

To *Archbishop Joseph E. Ritter,* for opening the parochial schools of the St. Louis diocese to all qualified students, regardless of race; to *Jackie Robinson,* baseball player, first Negro to play in the Major Leagues, for achievement, restraint and sportsmanship; to the *National Association for the Advancement of Colored People,* for its court victories and its petition to the United Nations on the rights of minorities; to *Oliver Randolph* for his proposal, later incorporated in the New Jersey Constitution, prohibiting racial segregation in the state's institutions; to the *President's Committee on Civil Rights,* for its report calling upon the government and people to revise the laws governing the liberties of all citizens and to fourteen others, listing on the Honor Roll of Race Relations of 1947 by Lawrence D. Reddick, curator of the Schomburg Collection of the New York Public Library, on the basis of a nationwide poll.

Also to *Archbishop Ritter,* one of the eight Thomas Jefferson prizes for the advancement of democracy during 1947, from the Council against Intolerance in America. . . . To *Jackie Robinson* and to *Branch Rickey,* manager of the Brooklyn baseball team, the Two Friends' Award from the Urban League for their teamwork in furthering the ideals of democracy. To *Nelson A. Rockefeller,* an award from the National Conference of Christians and Jews, for his work in human relations, nationally and internationally.

Died

Dr. A. A. Brill, internationally known psychiatrist, died in March in New York at the age of seventy-four. The outstanding accomplishment of his life was his crusade over nearly a generation to introduce to the English-speaking world the basic works of Sigmund Freud. The author of many original works on psychoanalysis, he was one of the founders and later president of the American Psychoanalytic Association, and one of the founders of the New York Psychoanalytic Institute.

Ruth Van Deman, for more than twenty years head of the Information Division, Bureau of Human Nutrition and Home Economics, U. S. Department of Agriculture, died in Baltimore in March. Familiar to housewives the country over through her weekly broadcasts on homemaking problems, Miss Deman had a recognized talent for translating the results of scientific research into usable and attractive form.

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DIRECTORY OF SOCIAL ORGANIZATIONS

American Red Cross

THE AMERICAN NATIONAL RED CROSS. Administered through national headquarters in Washington, D. C., and five area offices in New York, N. Y., Alexandria, Va., Atlanta, Ga., St. Louis, Mo., San Francisco, Calif. There are 3,751 local chapters, organized mostly on a county basis. Services of the Red Cross are: Services to the Armed Forces and Services to Veterans (including Home Service), International Activities, Disaster Preparedness and Relief, Medical Services, the National Blood Program, Nursing Services, Nutrition Service, First Aid, Water Safety and Accident Prevention, Volunteer Services, American Junior Red Cross, and College Units.

Blind

AMERICAN FOUNDATION FOR THE BLIND, INC.—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. William Ziegler, Jr., President; Robert B. Irwin, Executive Director.

Community Chests

COMMUNITY CHESTS AND COUNCILS, INC., 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

Family Living

ASSOCIATION FOR FAMILY LIVING, THE. Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

THE AMERICAN INSTITUTE OF FAMILY RELATIONS (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications. 5287 Sunset Blvd., Los Angeles 27, Calif.

Foundation

RUSSELL SAGE FOUNDATION—For the improvement of social and living conditions —Ralph G. Hurlin, Acting General Director, 130 E. 22nd St., New York 10. Departments: Industrial Studies, Library, Social Work Administration, Social Work Year Book, Statistics, Studies in the Professions. The publications of Russell Sage Foundation offer to the public in practical and inexpensive form some of the most important results of its work. Catalogue sent upon request.

Industrial Democracy

LEAGUE FOR INDUSTRIAL DEMOCRACY —Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

Racial Adjustment

NATIONAL URBAN LEAGUE with 54 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

TUSKEGEE INSTITUTE, since 1881, has followed a program of service in offering practical training for Negro youth and in promotion of interracial good will. Maintains Department of Records and Research for compiling and releasing pertinent information on race relations and Negro progress. Published material available. F. D. Patterson, President, Tuskegee Institute, Alabama.

Child Welfare

BOYS' ATHLETIC LEAGUE, INC., 112 East 19th Street, New York 3. Algonquin 4-1753. Arranges invitation tournaments in indoor and outdoor sports for Boys' Clubs, Social Settlements, Community Centers, Church Houses, Y. M. C. A.'s, Y. M. H. A.'s, etc., throughout Greater New York. Gustavus T. Kirby, Honorary President; Malcolm Van Zandt, President; Stanley deJ. Osborne, Treasurer; Willard L. Kauth, Director. Sponsors: The Benjamin Harrison Recreation Center, 657 Tenth Avenue; The Lincoln Recreation Center, 235 West 113 Street; Tot-Lot Playground, 422 West 49th Street; Camp Sebago, Camp Wakonda and Camp Orenda in the Palisade-Interstate Park; Co-Sponsor School Settlement, 120 Jackson Street, Brooklyn; Lafayette Community Center, Sumner and Lafayette Streets, Brooklyn.

BOY SCOUTS OF AMERICA, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Amory Houghton, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

CAMP FIRE GIRLS, INC., 16 East 48 Street, New York City 17. Dr. Bernice Baxter, President; Miss Martha F. Allen, National Executive. Founded by a group of educators; incorporated 1912. Oldest national organization in America serving girls, provides health and character building program, with emphasis on home skills. Age groups served are Blue Birds (7-9 years), Camp Fire Girls (10 through junior high school age), and Horizon Clubbers (senior high through junior college).

CHILD WELFARE LEAGUE OF AMERICA —130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC., 11 South LaSalle Street, Chicago 3, Illinois. E. W. Palmer, President; Lawrence J. Linck, Executive Director. The Society through its 2000 state and local member units seeks to provide health, welfare, educational, recreational, vocational and employment services to all types of handicapped persons, adjusting its services to each community and the programs of other agencies. Maintains special cerebral palsy services; consultation by professional staff; loan library. Financed by annual sale of Easter Seals. Publishes "The Crippled Child," a magazine for parents of handicapped children, bimonthly, $1.00 a year.

National Conference

NATIONAL CONFERENCE OF SOCIAL WORK, 82 N. High St., Columbus, Ohio; Leonard W. Mayo, President, Cleveland, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $7.50. 75th Annual Meeting, April 17-23, 1948, Atlantic City, N. J.

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Health

AMERICAN HEARING SOCIETY — 153. 35th Street, N.W., Washington 7, D. C. A national organization devoted to prevention of deafness, conservation of hearing and rehabilitation of the hard of hearing. Monthly publication, HEARING NEWS, $3.00 a year. Literature for sale. Information given concerning problems of the hard of hearing. Field Service. C. Stewart Nash, M.D., president; Harry P. Wareham, Executive Vcie President.

NATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Allan Hurst, M.D., Medical Director. Free, non-sectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director; Mrs. Ruth Hornbein, Director of Social Service and Vocational Therapy. New York area: 19 West 44th Street, Philip Houtz, director; applications to Mrs. Erna L. Lindebaum, director of Social Service. Philadelphia area: 1831 Chestnut St., David Mahler, director. Chicago area: 58 E. Washington, Gene Pollick, director. Los Angeles area: 747 So. Hill St., Albert J. Silverman, director. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

NATIONAL TUBERCULOSIS ASSOCIATION—1790 Broadway at 58th St., New York. Dr. Kendall Emerson, managing director. Pamphlets of methods and programs for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. (formerly Birth Control Federation of America)—A clearing house cooperating with social workers in referring mothers to medically directed birth control clinics in 39 states, including 20 centers in Greater New York. In areas lacking centers, qualified physicians are available. Phone or write: 501 Madison Avenue, New York City; PLaza 5-8600. Honorary Chairman, Margaret Sanger. Chairman, The Rev. Cornelius P. Trowbridge; Acting Medical Director, L. E. King, M.D.

MARGARET SANGER RESEARCH BUREAU
17 W. 16th St., N. Y. City. WA 9-6200.
MARGARET SANGER, Director.
Every day 9 A.M. to 4 P.M.
Saturday 9 A.M. to 1 P.M.
Wednesday & Thursday evenings 5:30 to 8 P.M.

Recreation

NATIONAL RECREATION ASSOCIATION —325 Fourth Ave., New York City. To bring to everybody in America, young or old, an opportunity to find the best and most satisfying recreational use of leisure time through participation in music, drama, sports and games, arts and crafts, nature activities; and to help secure adequate playground, recreation centers, swimming pools, beaches, athletic field and other recreational facilities.

Penology

THE OSBORNE ASSOCIATION, INC., 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities: —Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormick, Exec. Dir. Robt. R. Hannum, Dir. of Vocational Placement.

Social Work Personnel

SOCIAL WORK VOCATIONAL BUREAU, 122 East 22nd Street, New York 10. National membership personnel record service. Professional histories available to prospective employers upon request. Counseling and Placement Service discontinued February 1, 1948. Joe R. Hoffer, Executive Director.

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Directory of Social Organizations (cont.)

Religious Organizations

HOME MISSIONS COUNCIL OF NORTH AMERICA—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowery, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, The Rev. Ellis Marshburn, 203 North Wabash Ave., Chicago, Ill.

NATIONAL JEWISH WELFARE BOARD, 145 East 32nd Street, New York 16, N. Y. Frank L. Weil, President; Joseph H. Cohen, Treasurer; Joseph Rosenzweig, Secretary; S. D. Gershovitz, Executive Director. A national agency serving as National Association of Jewish Community Centers, YMHA'S, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATION—347 Madison Ave., New York City; 1201 local Associations federated for Christian leadership and citizenship training among young men and boys.

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JOURNAL OF SOCIAL CASEWORK

Staff members, as well as volunteers and board members of social agencies, will find the April, 1948, issue typical of the JOURNAL's sound professional content. Among the articles are:

Public Assistance in 1948, by Jane Hoey

Interpretations in Casework Therapy, by Ralph Ormsby

The Child Away From Home, by John E. Dula

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Home Care

(Continued from page 101)

which is not to be found within the rigid walls of the hospital.

Montefiore Hospital has led the way in the care of the long term ("chronic") patient who is, unfortunately, still being transferred as the guest who overstayed the hospitality of the "acute" general institution even though his condition required, more than ever, those superb scientific facilities which only the general hospital could give him. Prognosis, and duration of illness, do not influence the admission or retention of a patient here and the only major criterion is, indeed, the patient's need for a hospital bed. The hospital was founded in a period when medical care was a much more limited resource than it is today, and has survived into the scientific era as the only voluntary hospital of its kind in existence. The New York City Cancer Committee, among the first to respond to our appeal for the support of a home-care program for patients suffering from malignant diseases, provided $30,000 for the first year, with a recent promise of renewal. Such patients have therefore made up the bulk of the extramural service. The Greater New York Fund was also among the first, and contributed $5,000 (also renewed) so that the patient-material is varied in clinical content. Other small contributions from philanthropic sources have been added, as well as a relatively small taxpayer contribution for the care of public charges through the Department of Welfare of the City of New York.

The response on the part of hospital, home, and community has been uniformly enthusiastic and encouraging. We now have here a medical care demonstration project of a high order. It is the answer to many a prayer on the part of patient, practitioner, and social worker. When you see a patient whom the doctors consider hopeless enjoying the illusion of hope, so that he can gather up enough courage to do things within the family environment which would have been impossible in the hospital, you know that you are on the right track. The logic of the program justifies itself many times over again through its supplementary achievement in the realm of psychosomatic medicine. In the best sense of the word, here is something revolutionary in the field of medical care.

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WORKERS WANTED

SUPERVISOR OF CASE WORK—For immediate opening in Red Cross Chapter. Qualifications: academic training and supervisory experience. Salary commensurate with training and experience. Apply Duval County Chapter, American Red Cross, Jacksonville, Florida.

CASEWORKERS, graduate degree; agency having institutional and foster home programs. (1) With placement and homefinding experience for adoption caseload; (2) Caseload of school age children in cottage plan institution; (3) Foster home placement and homefinding caseload. Salary range $2700 to $3600. Small staff, ideal working conditions. Write to William I. Lacey, Executive Director, Methodist Children's Home Society, Children's Village, Redford Station, Detroit 19, Michigan.

CASE WORKER: Graduate accredited school; prefer experience with intake, unmarried mothers, adoptions. Salary range $2400-$3600. Private child placement agency. Average case-load 25-30 families. Send full qualifications. Richard Lewis, Children's Bureau of Dayton, 225 N. Jefferson Street, Dayton 2, Ohio.

CASEWORKER, Family Service Department of multiple service Episcopal agency in Eastern city. Intake on non-sectarian basis. Trained supervisor. Retirement plan. Qualifications must include at least one year graduate training. 8735 Survey.

ASSISTANT DIRECTOR: Resident, for Jewish young girls 16 through 25 years. Group worker or psychiatric case worker. Professional training and experience required. Salary depending on qualifications and ability. Nevins 8-4667.

CASE WORKER wanted for Family Agency. One year graduate training. Beginning salary $2600 year. Write Mrs. A. Morris, 1 Fenton Place, Jamestown, N. Y.

GROUP WORKERS—COUNSELORS—male and female, for summer day camp in New York City; experienced in recreation programs. Write Council of Jewish Women Room 412, 1819 Broadway.

PSYCHIATRIC SOCIAL WORKER wanted for Public Schools of East Orange, New Jersey. Master's degree in social sciences and a minimum of eight years experience—preferably with school-age children. Wholesome personality. Salary commensurate with training and experience. Good future. Apply Dr. Kentopp, Superintendent of Schools, East Orange, New Jersey.

CASEWORKERS, professionally trained, for family casework agency. Interesting and challenging opportunity . . . . . $2400-$3840. Write Director, Jewish Social Service Bureau, 127 N. W. 2nd Street, Miami 36, Florida.

PSYCHIATRIC SOCIAL WORKER, graduate accredited school, for children's treatment center. Group living plus individual therapy. Outstanding child analyst, administrator, social work school graduate. Small case-load, private office. Salary $3,300, possibility of full maintenance. Immediate opening, high standards. 50 minutes Chicago loop. Write: Director, Ridge Farm, 40 E. Old Mill Road, Lake Forest, Illinois.

SEVERAL VACANCIES in a newly merged Jewish Family and Children's Agency for graduate caseworkers with family or child welfare background. Salary range $2,400 to $3,700, according to experience. Opportunity for supervision. Apply to Mr. Jacob Little, Executive Director, United Jewish Social Service Agency, 91 Vine Street, Hartford, Connecticut.

NEBRASKA NEEDS NOW—Child Welfare Consultants and State Field Supervisor, $3,000 to $3,600; minimum qualifications, 1 year graduate study in social work plus experience. Training Supervisors, $3,300 to $4,080; minimum qualifications, 2 years graduate study in social work plus experience. For application blanks and information write Merit System, 1306 State Capitol, Lincoln, Nebraska.

WANTED: Supervisor, experienced in family casework, for Jewish family agency in large eastern city. Challenging opportunity and excellent personnel practices. 8731 Survey.

SOCIAL WORKER, woman, age 25-40, member Lutheran church, college graduate. Completion of one year graduate study plus two years experience as a case worker in private or public family or child welfare agency, or one half year graduate study plus five years experience. $3,000. Lutheran Inner Mission Society, 1002 11th St., N.W., Washington 1, D. C.

Nursing Homes

(Continued from page 104)

knows the nursing homes does not place such a patient with an operator who finds these patients troublesome.

However, there are times when placement in a mental sanitarium is the wisest course and the worker is serving her patient best when she uses this facility. Perhaps this decision is one that is hardest for the worker to make and is usually done only after consultation with a psychiatrist.

Mrs. E. had been in a nursing home for several years. She grew more confused, lived more and more in her dream world, became dirty about her personal habits, more disoriented. She became increasingly troublesome to the other patients, her imaginary romance with her pastor had long since ceased to be entertaining and had become only boring. She appropriated other patients' possessions, wandered into their rooms at night. One such patient can soon upset an entire nursing home and make everyone unhappy. With some misgiving the worker placed her in a mental hospital. It was soon apparent that Mrs. E. was happier and more relaxed here, where no one tried to make her conform to an acceptable behavior pattern. The other patients did not doubt her fanciful tales, but merely capped them with better ones. She was no longer snubbed and made to feel unwanted.

The nursing home operator who has become accustomed to working with the caseworker is frank to say how much it means to her to have the support of the worker and understanding in dealing with the problems confronting her. More than once an operator has said, "I would not take this patient if there were not a worker on the case." The service of a case worker may be the determining factor in gaining admission for a difficult patient. Through working with the caseworker on a few cases the operator gains a better undersanding of individual behavior and its causes. This understanding carries over to all her patients and adds to her ability. Sometimes the worker is helpful in merely being a safety valve for the nurse's pent-up irritations and relieves the tension by listening to her complaints. Sometimes just having an understanding person to "blow up" to helps in getting a better perspective, which

(Continued on page 135)

WORKERS WANTED

SOCIAL WORKERS—male. City office State Training School for Boys. Salary begins $3176 including cost of living adjustment; yearly increment $120. Case work with delinquent boys. Accredited graduate school training and case work experience with children required. Apply Case Supervisor, 205 East 42nd Street, Room 515, New York City 17.

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Request formal application from the Milwaukee County Civil Service Commission, Room 206, Courthouse, Milwaukee 3, Wisconsin.

MEDICAL SOCIAL WORKERS, also SUPERVISOR, for Hospital in Brooklyn with an expanding Social Service Department. Interesting program. Full training required. 8722 Survey.

WANTED: Carefully trained, educated and experienced Senior Case Worker for statewide non-sectarian child placing agency. Must be able to furnish suitable references. Person with Southern experience preferred. Permanent position assured. Salary range from $3,000 to $3,600. Must have had some experience in administrative capacity. Apply to Children's Home Society of Florida, 403 Consolidated Building, Jacksonville.

CASEWORKER: Opening in multiple service agency for caseworker in Family Service and in Child Placement Departments. Classifications Caseworker I and II provide salary range $2400-$4500. Placement on scale dependent upon experience. Write Jewish Social Service Bureau, 15 Fernando Street, Pittsburgh 19, Pa.

CHILD WELFARE WORKERS: Openings in scenic rural counties in Idaho. Professional supervision, opportunities for advancement. One year of graduate training required. Salaries for Junior Child Welfare Worker $210-$250; Senior Child Welfare Worker $230-$270. Write Director of Child Welfare Services, Box 1189, Boise, Idaho.

CASEWORKERS professionally qualified for agency giving children care in foster homes and in cottage type institution. Worker needed for direct work with emotionally disturbed children under psychiatric consultation; also adoption worker. Write The Children's Center, 1400 Whitney Avenue, New Haven, Conn.

CASE WORKER, graduate of accredited School of Social Work, experienced in child placement, for position in Adoption Department. Private Agency of good standards. Children's Service Bureau, 740 Wabash Bldg., Pittsburgh 22, Pa.

CASEWORKER with graduate training, experienced in family and children's work, for a small multiple functioning Jewish agency. Challenging opportunity. Salary according to qualifications. Write Jewish Social Service Bureau, 45 Church Street, Paterson, N. J.

CASEWORKER, professional training and experience required. Southern community. Jewish Agency. Salary depends on qualifications and ability. 8727 Survey.

STENOGRAPHIC ASSISTANT (WOMAN) FOR ADMINISTRATIVE STAFF OF THE FRONTIER NURSING SERVICE IN THE KENTUCKY MOUNTAINS. SEND DATA SHEET TO AGNES LEWIS, EXECUTIVE SECRETARY, WENDOVER, KENTUCKY.

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SUPERVISOR of family service with professional training and experience in Southern multiple function Jewish Agency. Salary dependent on qualifications and ability. 8728 Survey.

SOCIAL SERVICE WORKER (WOMAN) FOR FRONTIER NURSING SERVICE IN THE KENTUCKY MOUNTAINS. FOR INFORMATION, WRITE AGNES LEWIS, EXECUTIVE SECRETARY, WENDOVER, LESLIE CO., KENTUCKY.

CASEWORKER. Female, graduate of accredited school of social work, for family casework with Jewish agency. Good salary. Opportunity for some community organization. Write fully concerning qualifications to Jewish Welfare Service, 18 South Stockton Street, Trenton, New Jersey.

CASEWORKER—with M.S.S. and experience in family and children's work for a small multiple function Jewish agency in Youngstown, Ohio. Unusually good opportunity for case-work-group work integration. Excellent opportunity to learn at first-hand community organization and administration. Salary open, depending upon qualifications. Jewish Family & Children's Service, 646 Bryson Street, Youngstown 2, Ohio.

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CASE WORKER—with M.S.S. or one year in graduate school plus experience. Excellent working conditions. Salary according to qualifications and experience. 8664 Survey.

CASEWORKERS for national agency with multiple service program for adjustment of foreign born in U. S.; M. S. degree required; salary range $2700--$3925; appointment within range, depending on experience. Promotion opportunities. Knowledge of German or Yiddish desirable. Write or telephone United Servcice for New Americans, Inc., 15 Park Row, New York 7, N. Y. CO 7-9700.

CASEWORKERS—Catholic Family and Child Care Agency has two staff vacancies. Salary in accordance with professional training and experience. Opportunity for advancement. At least one year's graduate training required. Catholic Welfare Bureau, 855 South Figueroa Street, Los Angeles 14, California.

CASEWORKER for families and children. One year or more graduate training desired. Good personnel practices. Salary dependent upon training and experience. Indiana. 8701 Survey.

SUPERVISOR OF CASEWORK for multiple service family casework agency. Interesting and challenging opportunity. Salary range $3600-$4500 annually. Write Director, Jewish Social Service Bureau, 127 N. W. Second Street, Miami 36, Florida.

CASEWORKER for immigration agency. MSS degree required and at least one year of experience. Knowledge of Yiddish desirable. Salary range $2,700 to $3,925 annually increasing on July 1, 1948 to $2,950 to $4,175. Appointment made within this range depending on experience. Prefer individual from New York vicinity. Write or telephone: Service for Foreign Born, New York Section, National Council of Jewish Women, 15 Park Row, New York 7, New York. REctor 2-1433.

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Nursing Homes

(Continued from page 134)

benefits the patients.

The discriminating placement of patients in nursing homes is time consuming yet in no other area of social work would there be tolerance of the careless, casual placing of individuals that we find in the placement, perhaps for life, of the invalid. He may be miserably unhappy, even neglected, yet he is helpless to extricate himself.

An agency may find it advantageous to have one worker responsible for nursing home placements and to have all placements clear through her. If this is made a specialized job, the worker will have more time to work with the nursing homes, to know the operators, and the advantages of each home, and the operators will report vacancies to her. A relationship is formed for the benefit of both as each patient is placed in the nursing home best able to meet his needs.

The care of the chronically ill patient is becoming an ever increasing problem in every community and promises to become a greater one as the number of chronic patients increases. Strides in medical science prolong the lives of aged chronic patients. Medical science saves them but society has not solved the problem of caring for them. Only by continuous conscientious work can we as caseworkers help to refute that all too true statement of Isidore Rosenfeld: "Wherever the chronic sick are they are almost always in the wrong place."

Book Reviews

(Continued from page 129)

reached that the setting makes little difference for, as Dr. Wittenberg says, "There is one universal setting common to all American leaders of youth: the democratic society." He closes with the statement that there are no short cuts to helping people; it can only be done via the road to understanding. He has had the wisdom and insight to throw much light upon the path leading toward that deep understanding of young persons and their needs. This is his distinct contribution, and every group leader should place this book on his list of "Must-Read-Books." EMILY THORP BURR
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EXPERIENCED EXECUTIVE desires position with progressive child placing agency or children's institution. Ten years' successful administrative experience with private children's agencies and institutions. Thoroughly familiar with current trends in child welfare. School of Social Work graduate. Married. Excellent references. 8714 Survey.

TEACHER — SOCIAL WORKER, college graduate, widely traveled, unusual background, no dependents, desires teaching or supervisory position boys' institution. Available immediately. 8733 Survey.

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MAN, married, age 50, excellent references, experience; psychiatric case work, children, adults; administration, community organization, industrial relations, available. 8716 Survey.

MAN, 35, Catholic, who has two years of social work training, seeks a position in a children's institution preferably suburban or rural. Wishes to live on the premises. Family includes wife and two children. 8720 Survey.

ENERGETIC young man (23 years old) of Scottish birth; fully trained social welfare counsellor; Pedagogic's; graduate of Liverpool and Cambridge; seeks position of interest anywhere, anything. Kinloch-Taylor, 352 Gorge Road East, Victoria, British Columbia, Canada.

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